09/20/2010 13:19

Image# 10991192474

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Othe	r Than An Au	thorized C	ommitte	е		Office U	se Only	
NAME OF COMMITTEE (in full)		MAILING LABEL OR PRINT 🗑	Examp over th	ble:If typing, ne lines	type				
American Hospital Association	on PAC				1 1 1		1 1 1 1		
ADDRESS (number and street)	Suite 70	enth Street, NW							
Check if different than previously reported. (ACC)	Washing	gton				DC	2	20004	
2. FEC IDENTIFICATION NUM	/IBER ¥	C	ITY 🛕		;	STATE	l .	ZIPCODI	Ε 🛕
C00106146	·	3.	IS THIS REPORT	X NI	EW OR		AMENDED (A)		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Compared) July 15	Du	port Fe	eb 20 (M2) lar 20 (M3) pr 20 (M4) Pr	Jı	lay 20 (M5) un 20 (M6) ul 20 (M7)	X	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) eral (12G)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarterly Report(CO) October 15 Quarterly Report(CO) January 31 Quarterly Report(YO) July 31 Mid-Year	23)	PRE-Election Report for the:	Co	onvention (12	2C)	Spe	cial (12S)	in the State of	
Report(Non-electic Year Only) (MY) Termination Repor (TER)		30-Day Post -Election Report for the:	Ge	eneral (30G)		Run	off (30R)	in the State of	Special (30S)
5. Covering Period 0	8 01	2010		through	0.8	3 1	2010		
I certify that I have examined this Type or Print Name of Treasurer	•	o the best of my k elinda Hatton	nowledge and	belief it is to	rue, correct	and comp	olete.		
Signature of Treasurer Electro	onically Filed	by Ms. Melinda	a Hatton		D	ate	09 2	0 2	2010
NOTE : Submission of false, erro	neous, or inc	omplete informat	ion may subje	ct the perso	n signing thi	s Report	to the penalties	of 2 U.S.	C 437g.
Office Use							FEC	FORM	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/106

Write or Type Committee Name American Hospital Association

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	01 2010	To: 0 8 3 1 2 0 1 0
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		2190847.18
	(b) Cash on Hand at Begining of Reporting Period	2159097.65	
	(c) Total Receipts (from Line 19)	130019.54	1134001.10
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2289117.19	3324848.28
7.	Total Disbursements (from Line 31)	148999.80	1184730.89
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	2140117.39	2140117.39
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 106

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From: 0 8

D D 1

Y Y W Y 2010

To:

м м 8 0 ^D 31

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	ontributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	58292.47	443503.48
	(ii) Unitemized	43050.21	194611.66
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	101342.68	638115.14
(b		0.00	0.00
(d	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	101342.68	638115.14
	ransfers From Affiliated/Other arty Committees	28482.61	466732.61
3. Al	Il Loans Received	0.00	0.00
	pan Repayments Receivedffsets To Operating Expenditures	0.00	0.00
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) efunds of Contributions Made	0.00	14637.54
to	Federal candidates and Other olitical Committees	0.00	12750.00
	ther Federal Receipts Dividends, Interest, etc.)	194.25	1765.81
	ransfers from Non-Federal and Levin Funds		
(a	i) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	130019.54	1134001.10
	otal Federal Receipts ubtract Line 18(c) from Line 19)	130019.54	1134001.10

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 106

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	100.80	1105754
	Expenditures(c) Total Operating Expenditures	199.80	11857.54
	(add 21(a)(i), (a)(ii) and (b))	199.80	11857.54
22.	Transfers to Affiliated/Other Party		
2	Contributions to	0.00	0.00
.0.	Federal Candidates/Committees and Other Political Committees	148450.00	920875.31
24.	Independent Expenditure		
5	(use Schedule E)	0.00	251455.54
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(add deficult i j		
6.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	350.00	350.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	350.00	350.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	0.00	192.50
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	148999.80	1184730.89
20	Total Fodoral Dishurcomenta		
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	148999.80	1184730.89

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	101342.68	638115.14
34.	Total Contribution Refunds (from Line 28(d))	350.00	350.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	100992.68	637765.14
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	199.80	11857.54
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	14637.54
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	199.80	-2780.00

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 106 (check only one) X 11a
Ai	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions are to solicit contributions from such committee.
\ <u></u>	Full Name (Last, First, Middle Initial) Dr. Niti Armistead, M.D. Mailing Address 106 Summit Overlook	Drive	Date of Receipt 0 8 0 2 2 0 1 0
	City Morgantown	State Zip Code WV 26508-2552	Transaction ID: 18475695 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer West Virginia University Hospitals Receipt For: Primary General Other (specify) ▼	Occupation VP Quality and Patient Safety Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Bruce McClymonds Mailing Address 1431 Mayfield Road		Date of Receipt 0 8 0 2 2 0 1 0
	City	State Zip Code	Transaction ID: 18475699
	Morgantown FEC ID number of contributing federal political committee.	WV 26505-5809	Amount of Each Receipt this Period 500.00
	Name of Employer West Virginia University Hospitals Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Off Aggregate Year-to-Date ▼ 500.00	ficer
_	Full Name (Last, First, Middle Initial) Mr. Gary Murdock		Date of Receipt
	Mailing Address 678 Colonial Dr.		0 8
	City	State Zip Code	Transaction ID: 18478618
	Morgantown FEC ID number of contributing federal political committee.	WV 26505-2423	Amount of Each Receipt this Period 250.00
	Name of Employer West Virginia University Hospitals	Occupation VP Planning & Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
S	SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 106 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Ben Vincent, , FACHE Mailing Address 149 Marpel Drive		Date of Receipt
City	State Zip Code	0 8 0 2 2 0 1 0 Transaction ID: 18478622
Heaters	WV 26627-8201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Braxton County Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Ms. Jeanette G Clough		Date of Receipt
Mailing Address 234 Cuseway St #1213		08 / 05 / 2010
City	State Zip Code	Transaction ID: 18480625
Boston	MA 02114-2147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Mount Auburn Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Jay M. Baumgartner		Date of Receipt
Mailing Address 111 Woodlawn Dr.		08 03 2010
City	State Zip Code	Transaction ID: 18481820
Warsaw	IN 46580-4750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Otis R. Bowen Center for Human Service	Occupation Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	······	1500.00
TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the (check only one)
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Ms. JoAnn Birdzell		Date of Receipt
	Mailing Address 12431 Vanburen Stree		08 03 7 2010
	City East Chicago	State Zip Code IN 46307	Transaction ID: 18481823 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer St. Catherine Hospital	Occupation President and Chief Executive	e Officer
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	0.00
	Full Name (Last, First, Middle Initial) Mr. Kyle De Fur, , FACHE		Date of Receipt
	Mailing Address P O Box 40970		08 03 2010
	City	State Zip Code	Transaction ID: 18481832
	Indianapolis FEC ID number of contributing federal political committee.	IN 46240-0970	Amount of Each Receipt this Period 500.00
	Name of Employer	Occupation	
	St. Vincent Indiánapolis Hospital	President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	0.00
_	Full Name (Last, First, Middle Initial) Mr. Blake A Dye	<u> </u>	Date of Receipt
	Mailing Address 2805 W. CR 250 S.		08 03 YYYYY 08 03 2010
	City New Castle	State Zip Code IN 47362	Transaction ID: 18481837
	FEC ID number of contributing federal political committee.	C 47302	Amount of Each Receipt this Period 500.00
	Name of Employer Henry County Hospital	Occupation President and Chief Executive	e Officer
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 106 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Katherine Humphreys Mailing Address 502 N. Ironwood Dr City	rive State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
South Bend FEC ID number of contributing federal political committee.	IN 46615-3206	Amount of Each Receipt this Period 500.00
Name of Employer St. Vincent Health Receipt For: Primary General Other (specify) ▼	Occupation SVP Advocacy Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. David Ruskowski Mailing Address 6603 Robin Hood D)rive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Indianapolis FEC ID number of contributing	State Zip Code IN 46227-7312	Transaction ID: 18481870 Amount of Each Receipt this Period 250.00
Name of Employer St. Anthony Medical Center	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Michael Schroyer Mailing Address 9063 Pebblepointe	Circle	Date of Receipt
City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Zionsville FEC ID number of contributing	IN 46077-8992	Amount of Each Receipt this Period 500.00
federal political committee. Name of Employer St. Vincent Heart Center of Indiana	Occupation Chief Operating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	<u> </u>	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 106 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Paul L Usher		Date of Receipt
Mailing Address 637 Laura Lane		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18481882
Sweetser	IN 46987	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Marion General Hospital	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Terrance E Wilson		Date of Receipt
Mailing Address 5380 Gardenia Court		08 / 03 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18481887
West Lafayette	IN 47906-9070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SSFHS - St. Elizabeth Reg- ional Health	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Ms. Cynthia Kreutz		Date of Receipt
Mailing Address 900 Potomac Street		08 05 2010
City	State Zip Code	Transaction ID: 18485963
Aurora	CO 80011-6716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Spalding Rehabilitation Hospital	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SURTOTAL of Receipts This Page (ontional)		1000.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins			Date of Receipt
	Mailing Address 6180 Lower Mountain I	Road		08 / 06 / 4 2010
	City New Hope	State PA	Zip Code 18938-5760	Transaction ID: 18487670 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	18930-3700	5.00
	Name of Employer New Jersey Hospital Assoc- iation Receipt For:		n Health Economics e Year-to-Date	
	Primary General Other (specify) ▼	Aggregate	217.94	
3.	Full Name (Last, First, Middle Initial) Mr. David P Tilton Mailing Address 624 Park Place			Date of Receipt
				08 06 2010
	City Galloway	State NJ	Zip Code 08205-6014	Transaction ID: 18487692
	FEC ID number of contributing federal political committee.	C	00203-0014	Amount of Each Receipt this Period 500.00
	Name of Employer AtlantiCare	Occupatio Presiden	n t and Chief Executive Office	r l
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
-).	Full Name (Last, First, Middle Initial) Mr. Daniel R. Landon			Date of Receipt
	Mailing Address 1811 Forest Park Cour	t		M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 18495135
	Jefferson City FEC ID number of contributing federal political committee.	C	65109-9782	Amount of Each Receipt this Period 62.50
	Name of Employer Missouri Hospital Associa- tion	Occupatio Sr. Vice	n President, Governmental Re	elat
	Receipt For: Primary General Other (specify)	_ '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	I		567.50
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Benorts and	for each category of the Detailed Summary Pa	he (check drily drie)
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and address of any political com	mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Joseph Reichman Mailing Address 26 Eastwich Drive		Date of Receipt
City	State Zip Code	0 8 1 3 2 0 1 0 Transaction ID: 18500448
Gibbsboro	NJ 08026-1219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer Meridian Health	Occupation Chief Management Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.	.00
Full Name (Last, First, Middle Initial) Mr. Dewey Davis		Date of Receipt
Mailing Address 1923 South Utica A		08 / 12 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18500462
Tulsa	OK 74104-6502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer St. John Medical Center	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	.00
Full Name (Last, First, Middle Initial) Ms. Cynthia Duncan		Date of Receipt
Mailing Address 1115 East Jasmine		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Frederick</u>	State Zip Code OK 73542-4020	Transaction ID: 18500463 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Memorial Hospital and Phy- sician Group	Occupation Director, Human Resources	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	.00
SUBTOTAL of Receipts This Page (optional)	675.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PA	AC	
Full Name (Last, First, Middle Initial) Dr. Maha Sultan, M.D.		Date of Receipt
Mailing Address 319 East Josephin		0 8 1 2 2 0 1 0 2 0 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Frederick	State Zip Code OK 73542-2220	Transaction ID: 18500475 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Memorial Hospital and Phy- sician Group	Occupation Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. James K Elrod	'	Date of Receipt
Mailing Address 2600 Greenwood	Road	08 12 2010
City	State Zip Code	Transaction ID: 18508803
Shreveport	LA 71130-2600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Willis-Knighton Health Sy- stem	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Larry Graham	'	Date of Receipt
Mailing Address 1701 Oak Park Bo	pulevard	08 12 2010
City	State Zip Code	Transaction ID: 18508804
Lake Charles	LA 70601-8911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Lake Charles Memorial Hos- pital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00

Any information copied from such Reports and Sta or for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial)	tements may not be sold or used by any perso ame and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Mr. James T Montgomery, , CHE Mailing Address 1401 Foucher Street City New Orleans FEC ID number of contributing federal political committee. Name of Employer Touro Infirmary Receipt For: Primary General Other (specify) ▼	State Zip Code LA 70115-3515 C Occupation Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 18508805 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. Stephen F Wright Mailing Address One St Mary Place City Shreveport FEC ID number of contributing federal political committee. Name of Employer CHRISTUS Schumpert Health System Receipt For: Primary General Other (specify)	State Zip Code LA 71101-4399 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Dolores LeJeune Mailing Address 1125 West Highway 30 City Gonzales FEC ID number of contributing federal political committee. Name of Employer St. Elizabeth Hospital Receipt For: Primary General Other (specify)	State Zip Code LA 70737-5004 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 475.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	1475.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persor the name and address of any political committee to s	for the purpose of soliciting contributions
American Hospital Association PA	С	
Full Name (Last, First, Middle Initial) Mr. William F Barrow, II		Date of Receipt
Mailing Address P O Box 4027		08 12 2010
City	State Zip Code	Transaction ID: 18508808
Lafayette	LA 70502-4027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Our Lady of Lourdes Regio-	Occupation President and Chief Executive Officer	1
nal Medical C Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Scott Boudreaux		Date of Receipt
Mailing Address 500 Rue de Sante		08 12 2010
City	State Zip Code	Transaction ID: 18508809
La Place	LA 70068-5418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer River Parishes Hospital	Occupation Chief Executive Officer	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. James E Cathey, , Jr.		Date of Receipt
Mailing Address P O Box 2668		08 12 2010
City	State Zip Code	Transaction ID: 18508810
Hammond	LA 70404-2668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer North Oaks Medical Center	Occupation President and Chief Executive Officer	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Tim Coffey		Date of Receipt
	Mailing Address 3920 St Philippe Dr		0 8 1 2 2 0 1 0
	City	State Zip Code	Transaction ID: 18508811
	Lake Charles FEC ID number of contributing federal political committee.	LA 70605	Amount of Each Receipt this Period 250.00
	Name of Employer Lake Charles Memorial Hospital Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Operations Aggregate Year-to-Date 250.00	7
_	Full Name (Last, First, Middle Initial) Ms. Kathleen Derouen Mailing Address 1701 Oak Park Boule	vard	Date of Receipt
	0.1	7'- 0-4-	08 12 2010
	City Lake Charles	State Zip Code LA 70601-8911	Transaction ID: 18508812 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lake Charles Memorial Hos- pital	Occupation VP of Marketing	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Todd Eppler		Date of Receipt
	Mailing Address 2001 Doctors Drive		0 8 1 2 2 0 1 0
	City	State Zip Code	Transaction ID: 18508845
	Springhill	LA 71075-4526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Springhill Medical Center	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
ſ,	SUBTOTAL of Receipts This Page (optional).		750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of of commendate purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. J. William Harkins Mailing Address 524 South Ryan Street City State Zip Code LA 70501-5725 FEC ID number of contributing feederal political committee. City Primary General Other (specify) ▼ City Name of Employer Odrother Helith System Occupation Chief Executive Officer Roceipt For: Aggregate Year-to-Date ▼ Primary Other (specify) ▼ Cocupation Chief Executive Officer Roceipt For: Aggregate Year-to-Date ▼ Primary City State Zip Code LA 70121-2484 FEC ID number of contributing federal political committee. Cuber (specify) ▼ Cocupation Chief Executive Officer Roceipt For: Aggregate Year-to-Date ▼ Primary City State Zip Code LA 70121-2484 FEC ID number of contributing federal political committee. Cuber (specify) ▼ Cocupation Chief Executive Officer Roceipt For: Aggregate Year-to-Date ▼ Primary City State Zip Code Chief Executive Officer Chief Executive Officer Cother (specify) ▼ Cocupation Chief Executive Officer Cother (specify) ▼ Cocupation Cuber (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Cocupation Cuber (specify) ▼ Cocupation Cuber (specify) ▼ Cocupation Cuber (specify) ▼ Cocupation Cuber (specify) ▼ Aggregate Year-to-Date ▼ Cocupation Cuber (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Cocupation Cuber (specify) ▼ Amount of Each Receipt this Period Cuber (specify) ▼ Amount of Each Receipt this Period Cuber (specify) ▼ Cocupation Cuber (specify) ▼ Coc	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 106 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mailing Address 524 South Ryan Street City Lake Charles LA 70601-5725 FEC ID number of contributing federal political committee. City Primary General Other (specify) ▼ State Zip Code LA 70601-5725 FULL Name (Last, First, Middle Initial) Dr. Parick J Cuinlan, M.D. Mailing Address 1514 Jefferson Highway City New Orleans LA 70121-2484 FEC ID number of contributing federal political committee. City Name of Employer Octabrel Health System	Any information copied from such Reports and St	atements may	not be sold or used by any perso	13 14 15 16 on for the purpose of soliciting contributions
American Hospital Association PAC Full Name (Last, First, Middle Initial) Middling Address		name and add	dress of any political committee to	o solicit contributions from such committee.
Milling Address 524 South Ryan Street City State Zip Code Lake Charles LA 70601-5725 FEC ID number of contributing federal political committee. C	` '			
Mailing Address 524 South Ryan Street City State Zip Code LAK Charles LA 70601-5725 FEC ID number of contributing federal political committee. Primary General Ofter (specify) ▼ Cocupation Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ City State Zip Code Charles State Zip Code Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ City State Zip Code Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Cocupation Chief Executive Officer Receipt For: Primary General Other (specify) ▼ State Zip Code Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Cocupation Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code LA 70601-8911 FEC ID number of contributing federal political committee. City State Zip Code Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Lake Charles 1701 Oak Park Blvd City State Zip Code Lake Charles 1701 Oak Park Blvd City State Zip Code Lake Charles 1701 Oak Park Blvd City State Zip Code Lake Charles 1701 Oak Park Blvd City State Zip Code Lake Charles 1701 Oak Park Blvd City State Zip Code Lake Charles 1701 Oak Park Blvd City State Zip Code Lake Charles 1701 Oak Park Blvd City State Zip Code Lake Charles 1701 Oak Park Blvd City State Zip Code Lake Charles 1701 Oak Park Blvd City State Zip Code Lake Charles 1701 Oak Park Blvd City State Zip Code Lake Charles 1701 Oak Park Blvd City State Zip Code LA 70601-8911 Aggregate Year-to-Date ▼ Transaction ID: 18508848 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 18508848 Amount of Each Receipt this Period Cocupation Vice President, Support Services Aggregate Year-to-Date ▼ Transaction ID: 18508849 Amount of Each Receipt this Period Cocupation Vice President, Support Services Aggregate Year-to-Date ▼ Transaction ID: 18508849 Amount of Each Receipt this Period Cocupation Vice Primary Services Aggregate Y	<u>/ </u>			
City State Zip Code Lake Charles LA 70601-5725 FEC ID number of contributing federal political committee. C				Date of Receipt
Lake Charles LA 70601-5725 FEC ID number of contributing federal political committee. Name of Employer St. Patrick's Psychiatric Hospital Receipt For: Primary General Other (specify) ▼ Possible Primary General Charles Psychiatric Hospital President & CEO Aggregate Year-to-Date ▼ Date of Receipt For: Primary General Charles Memorial Hospital Receipt For: Primary General Coccupation President & CEO Aggregate Year-to-Date ▼ Date of Receipt For: Primary General Charles Memorial Hospital Receipt For: Primary General Coccupation Coccupation Coccupation Primary General Coccupation Cocc	Mailing Address 524 South Ryan Street			
FEC ID number of contributing federal political committee. C	City	State	Zip Code	Transaction ID: 18508846
Name of Employer State Clo number of contributing federal political committee. Particle Name (Last, First, Middle Initial) President & CEO	Lake Charles	LA	70601-5725	Amount of Each Receipt this Period
Receipt For: Primary		C		250.00
Hospital Festidate CLC Receipt For:	Name of Employer	Occupation	n	\dashv
Receipt For: Primary General Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Date of Receipt	St. Patrick's Psychiatric			
Other (specify) ▼ Primary General Other (specify) ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Patrick J Quinlan., M.D. Mailing Address 1514 Jefferson Highway City New Orleans LA 70121-2484 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Bernita Loyd Mailing Address 1701 Oak Park Blvd City State Zip Code Aggregate Year-to-Date ▼ FIUI Name (Last, First, Middle Initial) Ms. Bernita Loyd Mailing Address 1701 Oak Park Blvd City State Zip Code LA 70601-8911 FEC ID number of contributing federal political committee. Coccupation Chief Executive Officer Aggregate Year-to-Date ▼ Transaction ID: 18508847 Amount of Each Receipt this Period Transaction ID: 18508848 Amount of Each Receipt this Period City State Zip Code LA 70601-8911 FEC ID number of contributing federal political committee. C Carbon State Zip Code Carbon State Stat		33 -3		1
Dr. Patrick J Quintan, M.D. Mailing Address 1514 Jefferson Highway City State Zip Code Transaction ID: 18508847 New Orleans LA 70121-2484 FEC ID number of contributing federal political committee. C C Cocupation Chief Executive Officer Receipt For: Primary General Other (specify) ▼ State Zip Code City State Zip Code Primary General Other (specify) ▼ State Zip Code Lake Charles LA 70601-8911 FEC ID number of contributing federal political committee. C State Zip Code LA 70601-8911 Date of Receipt M M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Other (specify)	0 0	250.00	
Mailing Address 1514 Jefferson Highway City State Zip Code New Orleans LA 70121-2484 FEC ID number of contributing federal political committee. Name of Employer Chsner Healtht System Receipt For: Primary General Other (specify) ▼ State Zip Code City State Zip Code LA 70601-8911 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 18508848 Amount of Each Receipt his Period Transaction ID: 18508848 Amount of Each Receipt State Zip Code LA 70601-8911 FEC ID number of contributing federal political committee. Name of Employer Lake Charles Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 225.00				Date of Receipt
City New Orleans FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Bernita Loyd Mailing Address 1701 Oak Park Blvd City Lake Charles FEC ID number of contributing federal political committee. City Lake Charles FEC ID number of contributing General City Lake Charles FEC ID number of contributing federal political committee. Name of Employer Lake Charles City State Lake Charles FEC ID number of contributing federal political committee. City City Lake Charles FEC ID number of contributing federal political committee. City City City City City City City Cit		W		<u> </u>
New Orleans LA 70121-2484 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Ochsner Health System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Bernita Loyd Mailing Address 1701 Oak Park Blvd City State Zip Code LA 70601-8911 FEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Cocupation Vice President, Support Services Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Transaction ID: 18508848 Amount of Each Receipt this Period Each Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 225.00	Mailing Address 1514 Jenerson Highwa	У		
Amount of Each Receipt this Period	City	State	Zip Code	Transaction ID: 18508847
Name of Employer Ochsner Health System Receipt For: Primary General Other (specify) ▼ State Zip Code LA 70601-8911 FEC ID number of contributing federal political committee. Name of Employer Ochsner Health System Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 1701 Oak Park Blvd Date of Receipt Transaction ID: 18508848 Amount of Each Receipt this Period Primary General Other (specify) ▼ Occupation Vice President, Support Services Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	New Orleans	LA	70121-2484	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Bernita Loyd Mailing Address 1701 Oak Park Blvd City State Zip Code Lake Charles LA 70601-8911 FEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hospital Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		C		250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Bernita Loyd Mailing Address 1701 Oak Park Blvd City Lake Charles FEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hospital Receipt For: Primary General Other (specify) ▼ Occupation Vice President, Support Services Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Tansaction ID: 18508848 Amount of Each Receipt this Period 225.00	Name of Employer Ochsner Health System			
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Bernita Loyd Mailing Address 1701 Oak Park Blvd City Lake Charles FEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hospital Receipt For: Primary General Other (specify) ▼ Occupation Vice President, Support Services Aggregate Year-to-Date ▼ 225.00 Tansaction ID: 18508848 Amount of Each Receipt this Period Vice President, Support Services Aggregate Year-to-Date ▼ 225.00	Receipt For:	Aggregate	Year-to-Date ▼	
Ms. Bernita Loyd Mailing Address 1701 Oak Park Blvd City State Zip Code Lake Charles LA 70601-8911 FEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hospital Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 725.00	_			
Mailing Address 1701 Oak Park Blvd City Lake Charles LA 70601-8911 FEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hospital Receipt For: Primary Other (specify) ▼ State Zip Code LA 70601-8911 Transaction ID: 18508848 Amount of Each Receipt this Period C 225.00 Transaction ID: 18508848 Amount of Each Receipt this Period 225.00				Date of Receipt
Lake Charles LA 70601-8911 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 225.00 Amount of Each Receipt this Period 225.00 Occupation Vice President, Support Services Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00 725.00 725.00 Amount of Each Receipt this Period 225.00 225.00 Amount of Each Receipt this Period 225.00 225.00	Mailing Address 1701 Oak Park Blvd			
Lake Charles LA 70601-8911 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 225.00 Amount of Each Receipt this Period 225.00 225.00 Amount of Each Receipt this Period 225.00 225.00	City	State	Zip Code	Transaction ID: 18508848
Name of Employer Lake Charles Memorial Hospital Receipt For: Primary Other (specify) ▼ Occupation Vice President, Support Services Aggregate Year-to-Date 225.00	Lake Charles	LA	70601-8911	Amount of Each Receipt this Period
pital Vice President, Support Services Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) ▼ 725.00		C		225.00
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00				
Primary General Other (specify) ▼ 225.00		_•		7
725.00		ggi ogato		1
725.00	Other (specify) ▼	0 0	225.00	
SUBTOTAL of Receipts This Page (optional)				725.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 106 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	d Statements may not be sold or used by any per	13 14 15 16 rson for the purpose of soliciting contributions
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr. Kevin Mocklin, MD		Date of Receipt
Mailing Address 1701 Oak Park Boul	evard	08 12 7 4 4 4
City	State Zip Code	Transaction ID: 18508849
Lake Charles	LA 70601-8911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Lake Charles Memorial Hos-	Occupation Medical Staff President	
pital Receipt For:	Medical Staff President	
Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) Ms. Donna Shields	ı	Date of Receipt
Mailing Address 1701 Oak Park Boul	evard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18508851
Lake Charles	LA 70601-8911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Lake Charles Memorial Hos- pital	Occupation VP Patient Care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Mr David Usher		Date of Receipt
Mailing Address P O Drawer 'M'		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18508852
Lake Charles	LA 70602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Lake Charles Memorial Hos- pital	Occupation Vice President Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	

Any information copied from such Reports and Stat or for commercial purposes, other than using the notation for commercial purposes. Full Name (Last, First, Middle Initial) Mr Charles P Whitson, , CPA Mailing Address P O Drawer 'M' City Lake Charles	rements may not be sold or used by any person ame and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee. Date of Receipt
Full Name (Last, First, Middle Initial) Mr Charles P Whitson, , CPA Mailing Address P O Drawer 'M' City Lake Charles		Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Lake Charles Memorial Hospital Receipt For: Primary General	State Zip Code LA 70602 C Occupation Vice President Finance Aggregate Year-to-Date ▼	Transaction ID: 18508853 Amount of Each Receipt this Period 225.00
Full Name (Last, First, Middle Initial) Mr. Eric Fletcher Mailing Address 11208 Knolls End City Spotsylvania FEC ID number of contributing federal political committee. Name of Employer Mary Washington Healthcare Receipt For: Primary General	State Zip Code VA 22551-8920 C Occupation Senior VP Marketing and Communicat Aggregate Year-to-Date	Date of Receipt M M M
Other (specify) Full Name (Last, First, Middle Initial) Mr. James E Haden Mailing Address 459 Locust Avenue City Charlottesville	350.00 State Zip Code VA 22902-4808	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Martha Jefferson Hospital Receipt For: Primary General Other (specify)	Occupation President and Chief Executive Officer Aggregate Year-to-Date 350.00	287.50
SUBTOTAL of Receipts This Page (optional))	862.50

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 20 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not b name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Kurt Hofelich Mailing Address 705 Wild Cherry Court City Chesapeake FEC ID number of contributing federal political committee. Name of Employer Sentara Norfolk General Hospital	State Z	ip Code 3322-7734	Date of Receipt M M O A O A O A O O O O Transaction ID: 18518109 Amount of Each Receipt this Period 350.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 350.00]
Full Name (Last, First, Middle Initial) Mr. Anthony Nader Mailing Address 13311 Ivakota Farm R	d		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		ip Code	Transaction ID: 18518112
Clifton FEC ID number of contributing federal political committee.	C	20124-1542	Amount of Each Receipt this Period 350.00
Name of Employer Inova Health System	Occupation Trustee		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Katherine Reeves			Date of Receipt
Mailing Address 10175 Belvoir Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		ip Code	Transaction ID: 18518113
Fort Belvoir	VA 2	22060-2119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00
Name of Employer Inova Health System	Occupation Administrator		
Receipt For: Primary General Other (specify)	Aggregate Year-	to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Robert W Ladenburger		Date of Receipt
Mailing Address 2420 West 26th Ave, 3		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Denver	State Zip Code CO 80211-5302	Transaction ID: 18518146
FEC ID number of contributing federal political committee.	C 80211-3302	Amount of Each Receipt this Period 500.00
Name of Employer Exempla Healthcare, Inc.	Occupation President and Chief Executive Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Diane Swagger, RN		Date of Receipt
Mailing Address 1338 Phay Avenue		08 / 05 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18518147
Canon City	CO 81212-2302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	530.00
Name of Employer St. Thomas More Hospital	Occupation President and CEO]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	
Full Name (Last, First, Middle Initial) Mr. Mitchell C Carson		Date of Receipt
Mailing Address P O Box 1659		08 05 7 2010
City	State Zip Code	Transaction ID: 18518150
Longmont FEC ID number of contributing federal political committee.	CO 80502-1659	Amount of Each Receipt this Period 250.00
Name of Employer Longmont United Hospital	Occupation President and Chief Executive Officer	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1280.00
	only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association Page 1	and Statements may not be sold or used by any persoring the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Rulon F Stacey Mailing Address 2315 East Harmo	ny Road	Date of Receipt
City Fort Collins FEC ID number of contributing federal political committee.	State Zip Code CO 80528-8620	0 8 0 5 2 0 1 0 Transaction ID: 18518155 Amount of Each Receipt this Period 500.00
Name of Employer Poudre Valley Health System Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. Russ Branzell Mailing Address 1024 South Lema	y Avenue	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18518156
Fort Collins	CO 80524-3998	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Poudre Valley Health Syst- em	Occupation Vice President Information Systems	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Steven J. Summer	1	Date of Receipt
Mailing Address 7335 East Orchai Suite 100	d Road	08 / 05 / Y Y Y Y Y
City Croopwood Village	State Zip Code	Transaction ID: 18518157
Greenwood Village FEC ID number of contributing federal political committee.	CO 80111-2582	Amount of Each Receipt this Period 500.00
Name of Employer Colorado Hospital Associa- tion	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optic	nal)	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 106 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Karl B Gills			Date of Receipt
Mailing Address 1024 Central Park E City Steamboat Springs FEC ID number of contributing	State CO	Zip Code 80487-8813	Transaction ID: 18518164 Amount of Each Receipt this Period
r Ederal political committee. Name of Employer Yampa Valley Medical Center er Receipt For: Primary General Other (specify) ▼	Occupation Chief Execut Aggregate Year		250.00
Full Name (Last, First, Middle Initial) Mr. Michael L. Fordyce Mailing Address 3425 South Clarkso	n Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Englewood FEC ID number of contributing	State CO	Zip Code 80113-2811	Transaction ID: 18518167 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify) ▼	Occupation CEO Aggregate Yea	ar-to-Date ▼	
Full Name (Last, First, Middle Initial) Ms. Donna Gray, RN Mailing Address 2324 Locklin Land			Date of Receipt 0 8 0 5 2 0 1 0
City West Bloomfield FEC ID number of contributing federal political committee.	State MI	Zip Code 48324-3750	7 Transaction ID: 18518200 Amount of Each Receipt this Period 250.00
Name of Employer St. Mary Mercy Hospital Receipt For: Primary General Other (specify) ▼	Occupation VP of Nursir Aggregate Yea	ng, Chief Nursing Officer ar-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 106 (check only one) X
	tatements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AME OF COMMITTEE (In Full) merican Hospital Association PAC		
ll Name (Last, First, Middle Initial) . C.W. Lauderbach		Date of Receipt
ailing Address 4563 Kenicott Trail		0 8 0 5 2 0 1 0
zy .	State Zip Code	Transaction ID: 18518201
righton	MI 48114-9038	Amount of Each Receipt this Period
C ID number of contributing deral political committee.	C	250.00
ıme of Employer . Mary Mercy Hospital	Occupation VP of Clinical Services	
eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Il Name (Last, First, Middle Initial)		Date of Receipt
	Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
y	State Zip Code	Transaction ID: 18518204
vonia	MI 48154-1988	Amount of Each Receipt this Period
C ID number of contributing deral political committee.	C	250.00
ume of Employer . Mary Mercy Hospital	Occupation President and Chief Executive Officer	-
cecipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Il Name (Last, First, Middle Initial) . Timothy F. Gens		Date of Receipt
ailing Address 5 New England Execut	ive Park	08 06 7 2010
у	State Zip Code	Transaction ID: 18518238
urlington	MA 01803-5010	Amount of Each Receipt this Period
C ID number of contributing deral political committee.	C	350.00
ume of Employer assachusetts Hospital As- ciation	Occupation Executive Vice President	
eceipt For: Primary General	Aggregate Year-to-Date ▼ 350.00	1
	formation copied from such Reports and S commercial purposes, other than using the IME OF COMMITTEE (In Full) nerican Hospital Association PAC II Name (Last, First, Middle Initial) C.W. Lauderbach illing Address	formation copied from such Reports and Statements may not be sold or used by any persommercial purposes, other than using the name and address of any political committee to the Committee to th

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each cat	te schedule(s) tegory of the mmary Page	FOR LINE NUMBER: PAGE 25 / 106 (check only one) X 11a 11b 11c 12 15 16 17	
4	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or name and address of any po	used by any person litical committee to s	for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
ب 4.	Full Name (Last, First, Middle Initial) Mr. Jeffrey S Drop			Date of Receipt	
	Mailing Address 4816 Amber Valley Pa	08 11 2010			
	City <u>Fargo</u>	State Zip Code ND 58104-84	04	Transaction ID: 18518259	
	FEC ID number of contributing federal political committee.	ND 58104-84	04	Amount of Each Receipt this Period 500.00	
	Name of Employer Catholic Health Initiativ- es	Occupation SVP Division Executive	/e	_	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	500.00		
_ 3.	Full Name (Last, First, Middle Initial) Mr. Kevin M. Pitzer Mailing Address 4187 Houkom Court			Date of Receipt	
	Mailing Address 4187 Houkom Court	08 11 2010			
	City Fargo	State Zip Code ND 58104-60	00	Transaction ID: 18518261	
	FEC ID number of contributing federal political committee.	C 38104-00	02	Amount of Each Receipt this Period 500.00	
	Name of Employer Innovis Health	Occupation Chief Administrative (Officer		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00		
_ ;.	Full Name (Last, First, Middle Initial) Ms. Sheila Daly			Date of Receipt	
	Mailing Address 201 Highland Street				
	City Clinton	State Zip Code MA 01510-10	96	Transaction ID: 18518274 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Clinton Hospital	Occupation President and Chief E	executive Officer		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date			
Γ	SUBTOTAL of Receipts This Page (optional)			1250.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Richard T Palmisano, II, R.N. Mailing Address 71 Hospital Avenue		Date of Receipt
City	State Zip Code	0 8 1 8 2 0 1 0 Transaction ID: 18518278
North Adams	MA 01247-2504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer North Adams Regional Hosp- ital	Occupation President and Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Kevin R Conn		Date of Receipt
Mailing Address 4399 Nob Hill Road		08 / 20 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 18518282
Sunrise	FL 33351-5813	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer HEALTHSOUTH Sunrise Rehab- ilitation Hos	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Donald R. Avery, FACHE		Date of Receipt
Mailing Address 458 Fairfield Drive		08 / 11 / 2010
City Dublin	State Zip Code GA 31021-3879	Transaction ID: 18522412 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Fairview Park Hospital	Occupation President and Chief Executive Officer	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1100.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAGE	C	
Full Name (Last, First, Middle Initial) Mr. Oliver J Booker		Date of Receipt
Mailing Address P O Box 860		08 11 2010
City Madison	State Zip Code GA 30650-0860	Transaction ID: 18522422
FEC ID number of contributing federal political committee.	C 30030-0000	Amount of Each Receipt this Period 250.00
Name of Employer Morgan Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Robert M Chandler Mailing Address 1710 Briarcliff Circl		Date of Receipt
Walling Address 1710 Briarciiii Circi	e	08 11 2010
City	State Zip Code	Transaction ID: 18522436
<u>Dalton</u> FEC ID number of contributing federal political committee.	GA 30720-5169	Amount of Each Receipt this Period 250.00
Name of Employer Hamilton Medical Center	Occupation Trustee	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Gerald N. Fulks		Date of Receipt
Mailing Address 1514 Vernon Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18522464
Lagrange FEC ID number of contributing federal political committee.	GA 30240-4131	Amount of Each Receipt this Period 500.00
Name of Employer West Georgia Health	Occupation President and Chief Executive Officer	- .
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1000.00
	aber only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28/106 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. George L Heck, III			Date of Receipt
Mailing Address P O Box 1287			0 8 1 1 2 0 1 0
City Douglas	State GA	Zip Code 31534-1287	Transaction ID: 18522470 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Coffee Regional Medical Center	Occupation Presiden	n t and Chief Executive Office	 r
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Eric P. Norwood			Date of Receipt
Mailing Address 2701 North Decatur	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Decatur	State GA	Zip Code 30033-5918	Transaction ID: 18522527 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00000 0010	250.00
Name of Employer DeKalb Medical Center	Occupation Presiden	n t and Chief Executive Office	 r
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Diane J. Patrick			Date of Receipt
Mailing Address 901 East 18th Stree	et		0 8 1 1 2 0 1 0
City	State	Zip Code	Transaction ID: 18522536
Tifton FEC ID number of contributing federal political committee.	GA C	31794-3648	Amount of Each Receipt this Period 250.00
Name of Employer Tift Regional Medical Cen- ter	Occupation Vice Pres	n sident, Patient Care Services	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	1		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 106 (check only one) X 11a
A C	r for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Richard K. Reiner		Date of Receipt
	Mailing Address 3949 South Cobb Driv	/e SE	08 11 2010
	City <u>S</u> myrna	State Zip Code GA 30080-6342	Transaction ID: 18522545
	FEC ID number of contributing federal political committee.	C 30000-0342	Amount of Each Receipt this Period 125.00
	Name of Employer Emory-Adventist Hospital	Occupation President/CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Mr. William T. Richardson Mailing Address Drawer 747		Date of Receipt
			08 11 2010
	City 	State Zip Code GA 31793-0747	Transaction ID: 18522547 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Tift Regional Medical Cen- ter	Occupation President and Chief Executive Officer	r
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) Ms. Kim Sharkey	1	Date of Receipt
	Mailing Address 5665 Peachtree Dunw	0 8 1 1 2 0 1 0	
	City	State Zip Code	Transaction ID: 18522554
	Atlanta FEC ID number of contributing federal political committee.	GA 30342-1701	Amount of Each Receipt this Period 250.00
	Name of Employer Saint Joseph's Hospital of Atlanta	Occupation RN/Division Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .		625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo C	Ise separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 106 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not e name and address	be sold or used by any person of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Philip Wolfe Mailing Address 2716 Wynnton Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18522587
<u>Duluth</u>	GA	30097-3706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Gwinnett Medical Center	Occupation Chief Execut		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Steven A Rose, , R.N.			Date of Receipt
Mailing Address 801 Middleford Road			08 11 7 2010
City	State	Zip Code	Transaction ID: 18522610
Seaford	DE	19973-3636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		385.00
Name of Employer Nanticoke Memorial Hospit- al	Occupation President an	d Chief Executive Office	r
Receipt For: Primary General Other (specify) ♥	Aggregate Yea	r-to-Date ▼ 385.00	
Full Name (Last, First, Middle Initial) Ms. Andrea Easton	1		Date of Receipt
Mailing Address 258 Evergreen Road #4			0 8 1 1 2 0 1 0
City Lake Oswego	State OR	Zip Code 97034-3145	Transaction ID: 18522681 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		175.00
Name of Employer Oregon Association of Hos- pitals & Heal	Occupation Director of A	dvocacy	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 175.00	
SUBTOTAL of Receipts This Page (optional)			810.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 106 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personness of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. James A Wathen			Date of Receipt
	Mailing Address 900 11th Street SE			08 11 2010
	City Bandon	State OR	Zip Code 97411-9114	Transaction ID: 18522693
	FEC ID number of contributing federal political committee.	C	37411-3114	Amount of Each Receipt this Period 220.00
	Name of Employer Southern Coos Hospital and Health Cent	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
	Full Name (Last, First, Middle Initial) Mr. Winford Howard	I		Date of Receipt
	Mailing Address 1131 Michael Lane			08 11 2010
	City	State	Zip Code	Transaction ID: 18522694
	Eagle Point	OR	97524-9509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer Asante Health System	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary		225.00	
	Full Name (Last, First, Middle Initial) Mr. Andy Van Pelt	1		Date of Receipt
	Mailing Address 4000 Kruse Way Place Building 2, Suite 100	e		08 / 11 / 2010
	City	State	Zip Code	Transaction ID: 18522695
	Lake Oswego	OR	97035-5545	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		240.00
	Name of Employer Oregon Association of Hos- pitals & Heal	, '	of Communications	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	7
	Other (specify)		240.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		685.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 106 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S	Statements may not be sold or used by any personal statements and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	o name and address of any political committee to	
Full Name (Last, First, Middle Initial) Mr. Duane Francis		Date of Receipt
Mailing Address 1700 East 19th Street		0 8 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18522696
The Dalles	OR 97058-3317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	247.50
Name of Employer Mid-Columbia Medical Cent- er	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	247.50	
Full Name (Last, First, Middle Initial) Ms. Cynthia M. Grueber	I	Date of Receipt
Mailing Address 3181 SW Sam Jackson	08 11 7 2010	
City	State Zip Code	Transaction ID: 18522697
Portland	OR 97239-3011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer OHSU Hospital	Occupation Chief Operating Officer	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Thomas Russell		Date of Receipt
Mailing Address 9670 SE 257 Ave		08 11 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18522698
<u>Damascus</u>	OR 97089-6353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	270.00
Name of Employer Adventist Medical Center	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
	1	767.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 106 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and add	areas or any pontical committee to	solicit contributions from such committee.
American Hospital Association PAC	;		
Full Name (Last, First, Middle Initial) Ms. Peggy Allen			Date of Receipt
Mailing Address 18839 Roundtree			08 / 010 / 4 4 4 4
City Orogan City	State OR	Zip Code	Transaction ID: 18522699
Oregon City FEC ID number of contributing federal political committee.	C	97045-3920	Amount of Each Receipt this Period 300.00
Name of Employer Oregon Association of Hos- pitals & Heal	Occupation Director	n of Finance	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Ms. Andrea Easton			Date of Receipt
Mailing Address 258 Evergreen Road #4	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 18522700
Lake Oswego	OR	97034-3145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		303.00
Name of Employer Oregon Association of Hos-	Occupation Director	n of Advocacy	
pitals & Heal Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		478.00	
Full Name (Last, First, Middle Initial) Mr. Norman F Gruber			Date of Receipt
Mailing Address P O Box 14001			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18522701
Salem	OR	97309-5014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		325.00
Name of Employer Salem Hospital	Occupation Presiden	n t and Chief Executive Office	r
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	325.00	

	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separat for each cate Detailed Sur		FOR LINE NUMBER: PAGE 34 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for	formation copied from such Reports and Si commercial purposes, other than using the	atements may not be sold or name and address of any poli	used by any person tical committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
- I \	ME OF COMMITTEE (In Full) merican Hospital Association PAC			
. Ms	II Name (Last, First, Middle Initial) s. Robin Moody			Date of Receipt
Ma 	ailing Address 4000 Kruse Way Place Building 2, Suite 100			08 11 7 2010
Cit	-	State Zip Code	45	Transaction ID: 18522702
FE	Re Oswego C ID number of contributing deral political committee.	OR 97035-554	15	Amount of Each Receipt this Period 466.00
pita	me of Employer egon Association of Hos- als & Heal	Occupation Director of Public Police	су	
Ře	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	466.00	
Mr.	II Name (Last, First, Middle Initial) . David T Underrine			Date of Receipt
Ma	ailing Address 2690 Surrey Lane			08 11 2010
Cit	•	State Zip Code	_	Transaction ID: 18522705
FE	est Linn C ID number of contributing deral political committee.	OR 97068-226	08	Amount of Each Receipt this Period 484.00
Na Pro ital	me of Employer ovidence Milwaukie Hosp-	Occupation Interim Administrator		
Re	ceipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date	484.00	
	II Name (Last, First, Middle Initial) s. Linda Lang			Date of Receipt
Ма	ailing Address 4000 Kruse Way Place	#2-100		0 8 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	•	State Zip Code	10	Transaction ID: 18522706
FE	uke Oswego C ID number of contributing deral political committee.	OR 97035-254	13	Amount of Each Receipt this Period 500.00
Or pita	me of Employer egon Association of Hos- als & Heal	Occupation Director of Member Re		_
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
SIIR.	TOTAL of Receipts This Page (optional)			1450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
A or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used be name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Mr. Paul R Stewart		Date of Receipt
	Mailing Address 2865 Daggett Avenue		08 11 2010
	City	State Zip Code OR 97601-1106	Transaction ID: 18522707
	Klamath Falls FEC ID number of contributing	OR 97601-1106	Amount of Each Receipt this Period 500.00
	federal political committee.		300.00
	Name of Employer Sky Lakes Medical Center	Occupation Chief Executive Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	50	00.00
. –	Full Name (Last, First, Middle Initial) Mr. Roy G Vinyard, , FACHE	l	Date of Receipt
	Mailing Address 2650 Siskiyou Blvd, S	08 11 2010	
	City	State Zip Code	Transaction ID: 18522708
	Medford	OR 97504-8170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Asante Health System	Occupation President and Chief Executi	ve Officer
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	50	00.00
	Full Name (Last, First, Middle Initial) Mr. Andrew S. Davidson		Date of Receipt
	Mailing Address 2123 Ridgebrook Driv	0 8 1 1 2 0 1 0	
	City	State Zip Code	Transaction ID: 18522709
	West Linn	OR 97068-1943	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	535.00
	Name of Employer Oregon Association of Hos- pitals & Heal	Occupation President & CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	35.00
			1535.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 106 (check only one) X 11a
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> A.	Full Name (Last, First, Middle Initial) Mr. Rick Chivaroli Mailing Address 200 N Westlake Blvd			Date of Receipt
	City	State	Zip Code	0 8 1 1 2 0 1 0 Transaction ID: 18522710
	Westlake Village	CA	91362-3755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		567.50
	Name of Employer Chivaroli and Associates	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 567.50	
– В.	Full Name (Last, First, Middle Initial) Ms. Myra L. Evans			Date of Receipt
	Mailing Address 16603 R Avenue			08 13 2010
	City	State	Zip Code	Transaction ID: 18523098
	<u>Tarkio</u>	MO	64491-9280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Community Hospital - Fair- fax	Occupatio Chief Ex	on ecutive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Gerard J. Grimaldi			Date of Receipt
	Mailing Address 12206 Washington Co.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 18524743
	Kansas City	MO	64145-1761	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Truman Medical Centers	Occupatio VP, Heal	on Ith Policy & Governmental R	el a t
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1117.50
r	TOTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 106 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any person he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. John W Bluford		Date of Receipt
Mailing Address 7900 Lee's Summit I		08 16 2010
City	State Zip Code	Transaction ID: 18524744
Kansas City	MO 64139-1236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Truman Medical Centers	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Catherine D. Disch		Date of Receipt
Mailing Address 190 Pointe Drive		08 16 YYYYY 2010
City	State Zip Code	Transaction ID: 18524745
Kansas City	MO 64116-4615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Truman Medical Center-Hos- pital Hill	Occupation Chief Operating Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Mr. Ravi N. Mathur		Date of Receipt
Mailing Address 648 Lancaster Stree	t .	0 8 1 8 2 0 1 0
City	State Zip Code	Transaction ID: 18524881
Fredericksburg	VA 22405-2446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Mary Washington Hospital	Occupation Comptroller	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
		1650.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association P	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Dorka M. Picard, MHA, FACHE Mailing Address 2300 Opitz Boule City Woodbridge FEC ID number of contributing federal political committee. Name of Employer Sentara Potomac Hospital Receipt For:		Date of Receipt M M M / D D / Y Y Y Y Y O 8 1 8 2 0 1 0 Transaction ID: 18524884 Amount of Each Receipt this Period 350.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins	350.00	Date of Receipt
Mailing Address 6180 Lower Mount City New Hope FEC ID number of contributing federal political committee.	State Zip Code PA 18938-5760	Transaction ID: 18543104 Amount of Each Receipt this Period 25.42
Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)	Occupation Sr. VP., Health Economics Aggregate Year-to-Date ▼ 243.36	
Full Name (Last, First, Middle Initial) Mr. Donald L. Harris Mailing Address 5976 Burnside La	anding Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Burke FEC ID number of contributing	State Zip Code VA 22015-2522	Transaction ID: 18543159 Amount of Each Receipt this Period 256.25
federal political committee. Name of Employer Inova Health System	Occupation Vice President, Government Relations	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	onal)	631.67

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Terri Spence Mailing Address 4720 Skip Jack CT City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Bon Secours Hampton Rd Receipt For: Primary General	State Zip Code VA 23464-6309 C Occupation Director Information Service Aggregate Year-to-Date ▼ 375.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Fredrick Slunecka Mailing Address P O Box 5045 City Sioux Falls FEC ID number of contributing federal political committee.	State Zip Code SD 57117-5045	Date of Receipt M M M / D D / Y Y Y Y Y O 8 / 2 4 / 2 0 1 0 Transaction ID: 18543427 Amount of Each Receipt this Period 250.00
Name of Employer Avera McKennan Hospital and University Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Regional President Aggregate Year-to-Date ▼ 250.00	
Mr. Kelby K Krabbenhoft Mailing Address P O Box 5039 City Sioux Falls	State Zip Code SD 57117-5039	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	SD 57117-5039	Amount of Each Receipt this Period 250.00
Name of Employer Sanford Health Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)		700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Douglas E Bentz		Date of Receipt
Mailing Address 100 Seneca Valley		08 / 26 / 2010
City	State Zip Code	Transaction ID: 18543931
Sissonville	WV 25320-9781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Roane General Hospital	Occupation Chief Executive Officer	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Todd Campbell		Date of Receipt
Mailing Address 125 Water Side Circl	e	08 / 26 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 18543937
Winfield	WV 25213-9551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. Mary's Medical Center	Occupation Senior VP & COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Stephen P Dexter		Date of Receipt
Mailing Address 7 Stoney Point		0 8 / 2 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18543943
Charleston	WV 25309-9370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Thomas Memorial Hospital	Occupation President and Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUPTOTAL of Possints This Page (entional)		1250.00
SUBTOTAL of Receipts This Page (optional)	······	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 106 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Ms. Sandra Elza			Date of Receipt	
Mailing Address P O Box 720 City	State	Zip Code	0 8 2 6 2 0 1 0 Transaction ID: 18543944	
Ripley	WV	25271-0720	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Jackson General Hospital	Occupation Chief Exe	n ecutive Officer		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Mr. John C Forester Mailing Address 1160 Van Voorhis R	Road		Date of Receipt	
			08 26 2010	
City	·			
Morgantown	WV	26505-3435	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer HEALTHSOUTH MountainView Regional Reha		ecutive Officer		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]	
Full Name (Last, First, Middle Initial) Mrs. Sue E Johnson-Phillippe			Date of Receipt	
Mailing Address 1 Amalia Drive			08 26 2010	
City	State	Zip Code	Transaction ID: 18543953	
Buckhannon	WV	26201-2276	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer St. Joseph's Hospital of Buckhannon		t and Chief Executive Officer	r	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional			750.00	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 106 (check only one) X
0	r for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Daniel Lauffer, FACHE		Date of Receipt
	Mailing Address 1039 Pendleton Place		08 26 2010
	City Hurricane	State Zip Code WV 25526-9484	Transaction ID: 18543963 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Saint Francis Hospital	Occupation Executive VP & COO/Thomas Health	n Syste
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Mr. Richard L. Miller		Date of Receipt
	Mailing Address #4 Stony Point Road		08 26 2010
	City	State Zip Code	Transaction ID: 18544113
	Charleston FEC ID number of contributing federal political committee.	WV 25314-1670	Amount of Each Receipt this Period 500.00
	Name of Employer West Virginia Hospital As- sociation	Occupation Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Howard Neiberg, M.D.		Date of Receipt
	Mailing Address 1388 National Road A	pt. #3	08 26 2010
	City Wheeling	State Zip Code WV 26003-5715	Transaction ID: 18544114
	FEC ID number of contributing federal political committee.	C 20003-5715	Amount of Each Receipt this Period 250.00
	Name of Employer Reynolds Memorial Hospital	Occupation Director, Radiology Department	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		1250.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Mr. Jack Phillips Mailing Address P.O. Box 413			Date of Receipt 0 8 2 6 2 0 1 0
	City Ghent	State WV	Zip Code 25843-0413	Transaction ID: 18544351 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20070 0710	250.00
	Name of Employer Raleigh General Hospital	Occupation Board Me		
_	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Tyson Smith Mailing Address 14 Fairway Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18544354
	Huntington FEC ID number of contributing federal political committee.	C	25705-2149	Amount of Each Receipt this Period 500.00
	Name of Employer St. Mary's Medical Center	Occupation Vice Pres	n Sident, Medical Affairs	
	Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Richard G Bennett, , M.D.			Date of Receipt
	Mailing Address 1000 Poplar Hill Road			08 26 2010
	City Baltimore	State MD	Zip Code 21210-1224	Transaction ID: 18545329 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		510.00
	Name of Employer Johns Hopkins Bayview Med- ical Center	-, '	e Vice President, Chief Oper	at
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1260.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Ms. Catherine M. Crowley Mailing Address 2100 Poplar Ridge Roa	ad		Date of Receipt M
	City	State	Zip Code	Transaction ID: 18545333
	Pasadena FEC ID number of contributing federal political committee.	C	21122-3820	Amount of Each Receipt this Period 255.00
	Name of Employer Maryland Hospital Association Receipt For: ☐ Primary ☐ General Other (specify) ▼		t Vice President e Year-to-Date ▼ 255.00	
- 3.	Full Name (Last, First, Middle Initial) Ms. Beverly L. Miller Mailing Address 6820 Deerpath Road			Date of Receipt 0 8 2 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 18545344
	<u>Elkridge</u>	MD	21075-6234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		255.00
	Name of Employer Maryland Hospital Associa- tion		ofessional Activities	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 255.00	
	Full Name (Last, First, Middle Initial) Ms. Christine R Wray			Date of Receipt
	Mailing Address P O Box 527			08 26 2010
	City	State	Zip Code	Transaction ID: 18545375
	Leonardtown FEC ID number of contributing federal political committee.	C	20650-0527	Amount of Each Receipt this Period 750.00
	Name of Employer St. Mary's Hospital	Occupation Presiden	n It and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)			1260.00
	TOTAL This Period (last page this line number of			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Myra L. Evans		Date of Receipt
	Mailing Address 16603 R Avenue		08 19 2010
	City	State Zip Code	Transaction ID: 18545411
	Tarkio FEC ID number of contributing federal political committee.	MO 64491-9280	Amount of Each Receipt this Period 100.00
	Name of Employer Community Hospital - Fair-	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Mr. Matthew J Perry	1	Date of Receipt
	Mailing Address 1771 Longhill Dr		08 20 2010
	City	State Zip Code	Transaction ID: 18553476
	Zanesville	OH 43701-1406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Genesis HealthCare System	Occupation President and Chief Executive Office	cer
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. Kenneth W Leisher		Date of Receipt
	Mailing Address 1024 Central Park Dr.		08 20 2010
	City	State Zip Code	Transaction ID: 18555716
	Steamboat Springs FEC ID number of contributing	CO 80487-8813	Amount of Each Receipt this Period 250.00
	federal political committee.	Occupation	
	Name of Employer Heart of the Rockies Regi- onal Medical Receipt For:	Chief Executive Officer	
	Primary General	Aggregate Year-to-Date ▼ 250.00	
_	Other (specify)		
			600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. John Gardner		Date of Receipt
Mailing Address 1000 West 8th Avenu	е	0 8 2 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18555769
Yuma	CO 80759-2641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Yuma District Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Michelle L Joy	1	Date of Receipt
Mailing Address 615 Fairhurst Street		08 20 2010
City	State Zip Code	Transaction ID: 18555808
Sterling	CO 80751-4523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Sterling Regional MedCent- er	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Danny Chun		Date of Receipt
Mailing Address 303 North Oak Park A	Avenue	0 8 2 3 2 0 1 0
City	State Zip Code	Transaction ID: 18556940
Oak Park	IL 60302-2189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Illinois Hospital Associa- tion	Occupation Vice President, Communications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional) .	1	1000.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Joanne Fenton, , FACHE Mailing Address 111 Spring Street City Streator FEC ID number of contributing federal political committee. Name of Employer St. Mary's Hospital Receipt For: Primary General Other (specify)	State Zip Code IL 61364-3332 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 18556943 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Maureen A Kahn Mailing Address P O Box 7005 City Quincy FEC ID number of contributing federal political committee. Name of Employer Blessing Hospital Receipt For: Primary General Other (specify)	State Zip Code IL 62305-7005 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Evert J. Kuiper Mailing Address 4001 Stoneledge Cour City Godfrey FEC ID number of contributing federal political committee. Name of Employer Saint Anthony's Health System Receipt For: Primary General Other (specify)	State Zip Code IL 62035-1160 C Occupation Chief Operating Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / 23 / 2010 Transaction ID: 18556953 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 106 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and Str or for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Keith Allen Page			Date of Receipt
Mailing Address 6800 State Route 162			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18556956
Maryville	IL	62062-8500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Anderson Hospital	Occupation	n t and Chief Executive Officer	
Receipt For:		Year-to-Date ▼	1
Primary General Other (specify) ▼	55. 554.0	500.00	
Full Name (Last, First, Middle Initial) Mr. Michael Russo			Date of Receipt
Mailing Address 1706 Seminole Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18556958
Godfrey	IL	62035-1500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Saint Anthony's Health Sy- stem	Occupation Chief Info	n ormation Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Harry Wolin			Date of Receipt
Mailing Address P O Box 530			08 / 23 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18556960
Havana	IL	62644-0530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mason District Hospital	Occupation Administ	n rator and Chief Executive Of	fi
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 106 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Daniel J Woods		Date of Receipt
Mailing Address 503 North Maple Stree	ıt .	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18556961
<u>Effingham</u>	IL 62401-2006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer St. Anthony's Memorial Ho- spital	Occupation President and Chief Executive Office	er _
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Edward B. Anderson		Date of Receipt
Mailing Address 100 East LeFevre Roa		0 8 2 3 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18556962
Sterling	IL 61081-1347	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CGH Medical Center	Occupation Director Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Stacy Barstad		Date of Receipt
Mailing Address P O Box 188		08 / 23 / Y Y Y Y
City	State Zip Code	Transaction ID: 18557060
Westbrook	MN 56183-0188	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	215.38
Name of Employer Sanford Tracy Medical Cen- ter	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.50	
SUBTOTAL of Receipts This Page (optional)		965.38

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Mr. Ross Matlack Mailing Address 323 South Minnesota S	Street	Date of Receipt
	City	State Zip Code	0 8 2 3 2 0 1 0 Transaction ID: 18557713
	Crookston FEC ID number of contributing federal political committee.	MN 56716-1601	Amount of Each Receipt this Period 250.00
	Name of Employer RiverView Health Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	, 1
_ 3.	Full Name (Last, First, Middle Initial) Mr. Terry Carroll Mailing Address 2450 Riverside Avenue		Date of Receipt
	City	State Zip Code	0 8 3 0 2 0 1 0 Transaction ID: 18557833
	Minneapolis FEC ID number of contributing federal political committee.	MN 55454-1450	Amount of Each Receipt this Period 250.00
	Name of Employer Fairview Health Services	Occupation Chief Information Officer & V.P. Tran	is
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_).	Full Name (Last, First, Middle Initial) Mr. Michael D Hedrix		Date of Receipt
	Mailing Address 109 Court Avenue Sour	h	08 30 7 2010
	City Sandstone	State Zip Code MN 55072-5120	Transaction ID: 18557835 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Essentia Community Hospit- als and Clini	Occupation Senior Vice President Operations	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۷.	Full Name (Last, First, Middle Initial) Ms Cindy Morrison			Date of Receipt
	Mailing Address 2009 East Edgewood I	Road		08 30 7 2010
	City	State	Zip Code	Transaction ID: 18557839
	Sioux Falls	SD	57103-4607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sanford Health	Occupation Senior Vi	ce President for Public Polic	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00]
- 3.	Full Name (Last, First, Middle Initial) Mr Mark A Skubic	1		Date of Receipt
	Mailing Address 6500 Excelsior Bouleva	ard		08 / 30 / 4 9 9
	City	State	Zip Code	Transaction ID: 18558511
	Minneapolis	MN	55426-4702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Park Nicollet Health Serv- ices	Occupation Vice Pres	ident Government Relations	s an
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
_	Full Name (Last, First, Middle Initial) Ms. Victoria Alexander-Lane			Date of Receipt
	Mailing Address 447 North Main Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18558732
	Pittsfield	ME	04967-3707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sebasticook Valley Hospit- al	Occupation President	and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00]
Γ	SUPTOTAL of Possists This Page (antional)			900.00
F	SUBTOTAL of Receipts This Page (optional)		······································	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stator for commercial purposes, other than using the na	tements may not be sold or used by any persor ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Linda U Jordan		Date of Receipt
Mailing Address 37 McDaniel Rd		08 31 7 2010
City	State Zip Code	Transaction ID: 18558763
Cragford	AL 36255-6502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Clay County Hospital	Occupation Administrator	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mr. Gary R Gore		Date of Receipt
Mailing Address 877 Browns Creek Rd		08 31 7 2010
City	State Zip Code	Transaction ID: 18558764
Guntersville	AL 35976-5766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Marshall County Health Ca- re Authority	Occupation Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Mr. Clark P Christianson		Date of Receipt
Mailing Address 6762 Stoneridge Ct.		0 8 3 1 2 0 1 0
City	State Zip Code	Transaction ID: 18558765
Mobile	AL 36695-3061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Providence Hospital	Occupation President and Chief Executive Officer	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUPTOTAL of Possints This Page (antional)		3000.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number on		3000

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from s or for commercial purposes, c	uch Reports and Statements mather than using the name and ac	ay not be sold or used by any persoddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (American Hospital Ass	•		
Full Name (Last, First, Mid Mr. William Michael Warren,			Date of Receipt
	Mountain Ridge Parkway		08 31 2010
City	State	Zip Code	Transaction ID: 18558766
Birmingham	AL	35222-4143	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			500.00
Name of Employer Children's Hospital of Al-	Occupation		
<u>abama, The</u> Receipt For:		cecutive Officer	_
	eneral	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Mid Mr. J. Michael Horsley	ldle Initial)		Date of Receipt
Mailing Address 8107 H	lenslow Court		08 31 YYYY 2010
City	State	Zip Code	Transaction ID: 18558768
Montgomery	AL	36117-7475	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			1000.00
Name of Employer Alabama Hospital Associa ion	Occupation t- Presider	on nt and Chief Executive Office	er
Receipt For:	Aggregat	e Year-to-Date ▼ 1000.00	1
Full Name (Last, First, Mid	dle Initial)		Date of Receipt
	nautauqua Boulevard		0 8 3 0 2 0 1 0
City	State	Zip Code	Transaction ID: 18559190
Valley City	ND	58072-3145	Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.			350.00
Name of Employer Mercy Hospital	Occupation Adminis		
Receipt For:	Aggregat	e Year-to-Date 🔻	
Primary Ge Other (specify) ▼	eneral	350.00	
SUBTOTAL of Receints Thi	s Page (optional)		1850.00
	ge this line number only)	<u> </u>	

McLean Mailing Address C	schedule(s) ory of the nary Page FOR LINE NUMBER: (check only one) X 11a 11b 1 13 14	e(S) (check only one) ge X 11a 11b 11c 12	106
A. Mr. Stephen Cumble Mailing Address 837 Mackall Drive City State Zip Code VA 22101-1615 FEC ID number of contributing federal political committee. Name of Employer Inova Health System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. James Grebosky Mailing Address 11409 North Club Drive City State Zip Code VA 22408-2064 FEC ID number of contributing federal political committee. Name of Employer Mary Washington Healthcare Name of Employer Mary Washington Healthcare Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. James Grebosky Amount of Each Receipt Transaction ID: 18559 Amount of Each Receipt C State Zip Code VA 22408-2064 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Natalie Kaszubowski Mailing Address 300 East 40th Street City State Zip Code VA 23504-1010 FEC ID number of contributing federal political committee. City State Zip Code VA 23504-1010 FEC ID number of contributing federal political committee. C State Zip Code VA 23504-1010 Transaction ID: 18559 Amount of Each Receipt Mary Washington Healthcare Transaction ID: 18559 Amount of Each Receipt Mary Washington Healthcare Transaction ID: 18559 Amount of Each Receipt Mary Washington Healthcare Transaction ID: 18559 Amount of Each Receipt Mary Washington Healthcare Transaction ID: 18559 Amount of Each Receipt Mary Washington Healthcare Transaction ID: 18559 Amount of Each Receipt Mary Washington Healthcare Mary Washington Healthcare Transaction ID: 18559 Amount of Each Receipt	ed by any person for the purpose of solic al committee to solicit contributions from	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.	5
FEC ID number of contributing federal political committee. Name of Employer Inova Health System Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mr. James Grebosky Mailing Address 11409 North Club Drive City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Mary Washington Healthcare Name of Employer General Other (specify) ▼ Occupation Vice President Medical Affairs Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 18559 Amount of Each Receipt Vice President Medical Affairs Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 18559 Amount of Each Receipt State Zip Code Vice President Medical Affairs Receipt For: Primary General Other (specify) ▼ State Zip Code Natalie Kaszubowski Mailing Address 300 East 40th Street City State Zip Code Norfolk VA 23504-1010 Date of Receipt May J J J J J J J J J J J J J J J J J J J	0 8 3 0 Transaction ID: 18	0 8 3 0 2 0 1 1 Transaction ID: 18559660	0
Receipt For:	Amount of Each Re	Amount of Each Receipt this Period	-
B. Mr. James Grebosky Mailing Address 11409 North Club Drive City State Zip Code Fredericksburg VA 22408-2064 FEC ID number of contributing federal political committee. Name of Employer Mary Washington Healthcare Primary General Other (specify) ▼ C. Ms. Natalie Kaszubowski Mailing Address 300 East 40th Street City State Zip Code M M M / 3 0 Transaction ID: 18559 Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: 18559 Amount of Each Receipt Date of Receipt Transaction ID: 18559 Amount of Each Receipt City State Zip Code Norfolk VA 23504-1010 FEC ID number of contributing federal political committee. Name of Employer State City Code Name of Employer Occupation Date of Receipt Amount of Each Receipt Transaction ID: 18559 Amount of Each Receipt C Occupation	- I I	00	
City State Zip Code VA 22408-2064 Fredericksburg VA 22408-2064 FEC ID number of contributing federal political committee. Name of Employer Mary Washington Healthcare Receipt For: Primary General Other (specify) ▼ CIII Name (Last, First, Middle Initial) Ms. Natalie Kaszubowski Mailing Address 300 East 40th Street City State Zip Code VA 23504-1010 City State Zip Code Transaction ID: 18559 Amount of Each Receipt Date of Receipt M M O O O O O O O O O O O O O O O O O	M M / D D	M M / D D / Y Y Y	
FEC ID number of contributing federal political committee. Name of Employer Mary Washington Healthcare Name of Employer Mary Washington Healthcare Receipt For: Primary General Other (specify) General Other (specify) Ms. Natalie Kaszubowski Mailing Address 300 East 40th Street City State Zip Code Norfolk VA 23504-1010 Transaction ID: 18559 Amount of Each Receipt Cupation Cupation Coccupation Coccupation Occupation		Transaction ID: 18559701	U
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Natalie Kaszubowski Mailing Address 300 East 40th Street City State Vice President Medical Arians Aggregate Year-to-Date Date of Receipt Mailing Address 300 East 40th Street City State Vice President Medical Arians Aggregate Year-to-Date Date of Receipt Mailing Address 300 East 40th Street City State Vice President Medical Arians Aggregate Year-to-Date Transaction ID: 18559 Amount of Each Receipt C Name of Employer Senters Hookthoore	Amount of Each Re	Amount of Each Receipt this Period	-
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Natalie Kaszubowski Mailing Address 300 East 40th Street City State Value State Vip Code Norfolk VA 23504-1010 Name of Employer Senters Hooltheers Aggregate Year-to-Date Total Receipt Date of Receipt M M M / D D D / D D D / D D D / D D D D	 Δffaire		
Ms. Natalie Kaszubowski Mailing Address 300 East 40th Street City State Zip Code Norfolk VA 23504-1010 FEC ID number of contributing federal political committee. Name of Employer Senters Hooltheers		00 0	
City State Zip Code Transaction ID: 18559 Norfolk VA 23504-1010 FEC ID number of contributing federal political committee. Name of Employer Senters Healthears			Y
Norfolk VA 23504-1010 Amount of Each Receipt C Name of Employer Senters Healthears			0
Name of Employer Sontare Houlthore		Amount of Each Receipt this Period	
Name of Employer Sentara Healthcare Occupation Vice President Information Technology		350.00	0
[vioo i rooidont information roomology]	on Technology	chnology	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 350.00	350.00	00	
SUBTOTAL of Receipts This Page (optional)		1050.00	0

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 106 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Scott A Miller			Date of Receipt
Mailing Address 1521 Sea Breeze Tr	State	Zip Code	0 8 3 0 2 0 1 0 Transaction ID: 18559715
Virginia Beach	VA	23452-4742	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Sentara Healthcare	Occupation Vice Pres	n sident Medical Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Christopher O'Brien			Date of Receipt
Mailing Address 204 Kent Oaks Mews			08 30 Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18559716
Gaithersburg	MD	20878-5723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00
Name of Employer Virginia Hospital Center - Arlington	Occupation Vice Pres	n sident, Physician Services	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Cheryl Schlesinger			Date of Receipt
Mailing Address 100 Fauquier St. Apr	t. A		08 30 2010
City	State	Zip Code	Transaction ID: 18559721
Fredericksburg	VA	22401-3770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Stafford Hospital	- + +	rative Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			1050.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 106 (check only one) X 11a
1	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Mr. James Swisher			Date of Receipt
	Mailing Address 62210 North Danford S		7in Code	08 30 2010
	City Fredericksburg	State VA	Zip Code	Transaction ID: 18559722 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Mary Washington Hospital	Occupation Vice Pres	n sident Support Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
_ 3.	Full Name (Last, First, Middle Initial) Ms. Kathryn Wall Mailing Address 11513 Kingswood Blvd			Date of Receipt
	Mailing Address 11513 Kingswood Blvd			08 30 2010
	City	State	Zip Code	Transaction ID: 18559723
	Fredericksburg	VA	22408-1882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00
	Name of Employer Mary Washington Healthcare		e Vice President Human Res	sourc
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
- :.	Full Name (Last, First, Middle Initial) Mr Paul Osborne			Date of Receipt
	Mailing Address 316 South Coconut Pal			08 17 2010
	City Tavernier	State FL	Zip Code 33070-2251	Transaction ID: 18570968 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33070 2231	0.00
	Name of Employer Bon Secours-Richmond Comm- unity Hospita	Occupation Consulta		
_	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$350.00 This changes the YTD Total to \$0
	SUBTOTAL of Receipts This Page (optional)			700.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 57 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	any information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold name and address of any	or used by any persor political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
. ∠ \.	Full Name (Last, First, Middle Initial) Ms. Katie Vaughan			Date of Receipt
	Mailing Address 506A East Howell Ave	nue		0 8 3 1 Y Y Y Y Y Y
	City	State Zip Coo	de	Transaction ID: PR1034595124100
	Alexandria	VA 22301-	1216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director		
	Receipt For:	Aggregate Year-to-Dat	e ▼	
	Primary General Other (specify) ▼		340.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	N		08 31 7 2010
	City	State Zip Coo		Transaction ID: PR1045726224100
	Washington	DC 20004-	2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice Preside	ent & General Cour	nse
	Receipt For:	Aggregate Year-to-Dat	e ▼	
	Primary General Other (specify) ▼	0 0 0 0	680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) David Schulke			Date of Receipt
	Mailing Address 325 Seventh Street, N' Suite 700	N		08 31 7 2010
	City	State Zip Coo		Transaction ID: PR1057462124100
	Washington	DC 20004-	2801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		117.64
	Name of Employer American Hospital Associa- tion-Washingt	Occupation VP Research Progr	ams	
	Receipt For:	Aggregate Year-to-Dat	e ▼	
	Primary General Other (specify) ▼		529.38	P/R Deduction (\$58.82 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			237.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any person he name and address of any political committee to so	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Sarah Berk		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW	08 31 2010
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR1082532724100 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Barbara Jellen		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW	0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1113464224100
Washington FEC ID number of contributing	DC 20004-2818	Amount of Each Receipt this Period 28.00
federal political committee.		
Name of Employer American Hospital Associa- tion-Washingt	Occupation Section Director, Constituency Section	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Mary Meadows		Date of Receipt
Mailing Address One North Franklin		08 31 2010
City	State Zip Code	Transaction ID: PR1260472924100
Chicago FEC ID number of contributing	IL 60606-3436	Amount of Each Receipt this Period 28.00
federal political committee.		125.50
Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Director of Professional Practice, AON	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	•	84.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Michelle M. Mathy		Date of Receipt
Mailing Address 1660 Lanier PL Apt. 3		08 31 2010
City	State Zip Code	Transaction ID: PR1300853724100
Washington	DC 20009-2939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.00
Name of Employer American Hospital Associa-	Occupation Specialist: AHAPAC and Grassroots	s Advo
tion-Washingt Receipt For:	Aggregate Year-to-Date ▼	77.4.70
Primary General		P/R Deduction (\$14.00 Bi-
Other (specify) ▼	224.00	Weekly)
Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield	1	Date of Receipt
Mailing Address One North Franklin S Suite 32139	treet	08 / 31 / Y Y Y Y Y
City	State Zip Code	Transaction ID: PR1302378924100
Chicago	IL 60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa-	Occupation	
tion-Chicago	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Elizabeth Baskett	. L	Date of Receipt
Mailing Address 325 Seventh Street, N	NW	0 8 3 1 2 0 1 0
City	State Zip Code	Transaction ID: PR1332167424100
Washington	DC 20004-2802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.82
Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate Director, Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$15.91 Bi-
Other (specify) ▼	222.74	Weekly)
SURTOTAL of Receipts This Page (optional)		125.82

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 106 (check only one) X
4	Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. James Wadzinski		Date of Receipt
	Mailing Address One North Franklin		08 31 7 2010
	City <u>Chicago</u>	State Zip Code IL 60606-3436	Transaction ID: PR1347703424100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President Account Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay		Date of Receipt
	Mailing Address One North Franklin		0 8 3 1 Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1347703624100
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President & CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Susan Gergely		Date of Receipt
	Mailing Address One North Franklin		0 8 3 1 Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR1347791024100
	Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director of Operations, AONE	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		108.00

ITEMIZE	JLE A (FEC Form 3X) D RECEIPTS	totomonto mo	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 106 (check only one) X
or for comme	ton copied from such reports and sercial purposes, other than using the FCOMMITTEE (In Full) In Hospital Association PAC	name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. John S				Date of Receipt
Mailing Ad	ddress 325 Seventh Street, N\ Suite 700	N		08 31 2010
City Washing	gton	State DC	Zip Code 20004-2802	Transaction ID: PR1384065324100 Amount of Each Receipt this Period
FEC ID n	umber of contributing litical committee.	С		40.00
tion-Wasl Receipt F Prin			n e Director, Federal Relations e Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name Ms. Sharo Mailing Ac		/e		Date of Receipt
City		State	Zip Code	0 8 3 1 2 0 1 0 Transaction ID: PR1474886224100
<u>Chicago</u>)	IL	60606-1709	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		35.00
tion-Chica Receipt F	Hospital Associa- ago	. '	n ship and Marketing Manager e Year-to-Date ▼	
	er (specify) ▼		210.00	P/R Deduction (\$17.50 Bi- Weekly)
Full Name	e (Last, First, Middle Initial) Colucci			Date of Receipt
Mailing Ad	ddress 1061 N Penny Ln			0 8 3 1 2 0 1 0
City		State	Zip Code	Transaction ID: PR1475133724100
	umber of contributing slitical committee.	C	60067-1821	Amount of Each Receipt this Period 40.00
Name of I American tion-Chica Receipt F			n Director Sponsorship and U e Year-to-Date ▼	Inde
Prin	nary General er (specify) ▼	Aggregate	340.00	P/R Deduction (\$20.00 Bi- Weekly)
SUPTOTAL	of Receipts This Page (optional)	l		115.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements mag	y not be sold or used by any persor dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
∠ 4.	Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake			Date of Receipt
	Mailing Address One North Franklin			0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State IL	Zip Code 60606-3436	Transaction ID: PR1492459924100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	1 10 0 0 0 1011	n e Executive Director - ASHHF e Year-to-Date ▼	 RA
	Primary General Other (specify) ▼		340.00	P/R Deduction (\$20.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Ms. Monica D Day			Date of Receipt
	Mailing Address 10224 Prince Place #20	05		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: PR1516850624100
	Largo	MD	20774-1210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Political	n Affairs Coordinator	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
-).	Full Name (Last, First, Middle Initial) Ms. Elisa Arespacochaga			Date of Receipt
	Mailing Address One North Franklin			0 8 3 1 2 0 1 0
	City Chicago	State IL	Zip Code	Transaction ID: PR1555656224100
	FEC ID number of contributing federal political committee.	C	60606-3436	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	_•	n e Director, Constituency Sect e Year-to-Date ▼	i i
	Primary General Other (specify) ▼		238.00	P/R Deduction (\$14.00 Bi- Weekly)
ſ	SUBTOTAL of Receipts This Page (optional)			96.00
-			<u> </u>	
	TOTAL This Period (last page this line number of	only)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 106 (check only one) X 11a
Ar	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC			_
١.	Full Name (Last, First, Middle Initial) Mr. Clinton S. Manning	A.		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			08 31 2010
	City Washington	State DC	Zip Code 20004-2802	Transaction ID: PR1555656524100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000-2002	28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Asst. Dire	n ector Advocacy & Member C	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Kathy Poole			Date of Receipt
	Mailing Address One North Franklin			08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1589439924100
	Chicago FEC ID number of contributing federal political committee.	C	60606-3436	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director,	n Governance Projects	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Robert Kehoe			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1625368324100
	Chicago FEC ID number of contributing federal political committee.	C	60606-3436	Amount of Each Receipt this Period 33.34
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate	n e Publisher Vertical Magazin	es
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 216.71	P/R Deduction (\$16.67 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			89.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 106 (check only one) X
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
١.	Full Name (Last, First, Middle Initial) Ms. Kelly Redmond			Date of Receipt
	Mailing Address 155 North Wacker Driv		Zip Code	0 8 3 1 2 0 1 0
	City Chicago	State IL	60606-1709	Transaction ID: PR1625588824100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director (n Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)
. –	Full Name (Last, First, Middle Initial) Mr. Stephen Hines			Date of Receipt
	Mailing Address 155 North Wacker Driv	'e		08 31 2010
	City	State	Zip Code	Transaction ID: PR1648726624100
	Chicago FEC ID number of contributing federal political committee.	C	60606-1709	Amount of Each Receipt this Period 33.34
	Name of Employer American Hospital Associa- tion-Chicago	Occupation VP, Rese	arch HRET	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 216.71	P/R Deduction (\$16.67 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Lisa Grabert			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		08 / 31 / 2010
	City	State DC	Zip Code	Transaction ID: PR1671258624100
	Washington FEC ID number of contributing federal political committee.	C	20004-2801	Amount of Each Receipt this Period 90.90
	Name of Employer American Hospital Associa- tion-Washingt		ssociate Director, Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 636.30	P/R Deduction (\$45.45 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			152.24

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 106 (check only one) X 11a
\ \ \	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Mr Robert P David		Date of Receipt
	Mailing Address One North Franklin		08 31 2010
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR1677512424100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	90.90
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 636.30	P/R Deduction (\$45.45 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V	08 31 2010
	City	State Zip Code DC 20004-2818	Transaction ID: PR327629124100
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President, Public Policy	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt
	Mailing Address 11004 Petersborough E	Orive	08 31 2010
	City	State Zip Code	Transaction ID: PR327745924100
	Rockville FEC ID number of contributing federal political committee.	MD 20852-3249	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		250.90

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 106 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Michael P. McCue		Date of Receipt
	Mailing Address 122 N. Greenwood Ave	enue	08 31 2010
	City	State Zip Code	Transaction ID: PR327771624100
	Park Ridge	IL 60068-3227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik		Date of Receipt
	Mailing Address One North Franklin		08 31 7 2010
	City	State Zip Code	Transaction ID: PR327777224100
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director, Long-Term Care	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	238.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt
	Mailing Address 1022 S. Harvey Avenue	е	0 8
	City	State Zip Code	Transaction ID: PR327777824100
	Oak Park	IL 60304-2132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Member Relations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ	CURTOTAL of Descipts This Desc (entired)		148.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	ny information copied from such Reports and Si r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
۷.	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			08 31 2010
	City	State	Zip Code	Transaction ID: PR327801724100
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Executive	n e Vice President	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		340.00	P/R Deduction (\$20.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			08 31 7 2010
	City Washington	State DC	Zip Code	Transaction ID: PR327812024100
	FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:		ecutive Officer, AONE & Sr.	Vi
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
_).	Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis			Date of Receipt
	Mailing Address 6034 North 22nd Stree	t		08 31 7 2010
	City	State	Zip Code	Transaction ID: PR327831724100
	Arlington FEC ID number of contributing federal political committee.	C	22205-3408	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Regional	n Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
Г	SUBTOTAL of Receipts This Page (optional)			160.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 106 (check only one) X 11a
0	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan			Date of Receipt
	Mailing Address One North Franklin Stre	eet		08 31 2010
	City Chicago	State IL	Zip Code	Transaction ID: PR327846224100
	FEC ID number of contributing federal political committee.	C	60606	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: ☐ Primary ☐ General Other (specify) ▼		ident, Meetings & Travel Se Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi-Weekly)
-	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NV Apt. 1008	N		08 31 2010
	City	State	Zip Code	Transaction ID: PR327851924100
	Washington FEC ID number of contributing federal political committee.	C	20008-2614	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt		Policy Development	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858024100
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt		ident, Political Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			160.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Si	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 106 (check only one) X
or	NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and address of any political committee t	to solicit contributions from such committee.
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John F. Barry Mailing Address One North Franklin		Date of Receipt 0 8 3 1 2 0 1 0
	City Millis	State Zip Code MA 60606-3436	Transaction ID: PR327877824100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼	Occupation Regional Executive Aggregate Year-to-Date 680.00	P/R Deduction (\$40.00 Bi-Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom Mailing Address 130 North Garland Cou #3002	urt	Date of Receipt 0 8 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR327895724100
	Chicago FEC ID number of contributing federal political committee.	IL 60602-4750	Amount of Each Receipt this Period 90.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 640.00	P/R Deduction (\$45.00 Bi-Weekly)
 >.	Full Name (Last, First, Middle Initial) Ms. Eileen M. Collins Offner Mailing Address 325 Seventh Street, NV	V	Date of Receipt 0 8 3 1 2 0 1 0
	Suite 700 City	State Zip Code	Transaction ID: PR327906124100
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼	Occupation Director Policy Development Aggregate Year-to-Date 238.00	P/R Deduction (\$14.00 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional)		198.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 106 (check only one) X
,	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
∠ 4.	Full Name (Last, First, Middle Initial) Ms. Judy Williams			Date of Receipt
	Mailing Address One North Franklin Stre	eet		08 31 2010
	City	State	Zip Code	Transaction ID: PR327918924100
	Chicago FEC ID number of contributing	<u>IL</u>	60606	Amount of Each Receipt this Period
	federal political committee.	C		28.00
	Name of Employer American Hospital Associa-	Occupation Director N	n Membership	
	tion-Chicago Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	riggiogato	238.00	P/R Deduction (\$14.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		08 31 2010
	City	State	Zip Code	Transaction ID: PR328132824100
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President	n and Chief Executive Office	r
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		680.00	P/R Deduction (\$40.00 Bi- Weekly)
-).	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
-	Mailing Address 204 7th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136924100
	La Grange	<u>IL</u>	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice F	n President, Member Relation:	s
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/P Podustics (\$40.00 P)
	Other (specify) ▼		680.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			188.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sc for each category Detailed Summa	dedule(s) (check of the	a 11b 11c 12
0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used name and address of any political	by any person for the process committee to solicit conf	urpose of soliciting contributions tributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett		Date	of Receipt
	Mailing Address One North Franklin St	eet	M 0 8	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chicago	State Zip Code IL 60606		saction ID: PR328174924100 unt of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify)			Deduction (\$14.00 Bi- kly)
_	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date	of Receipt
	Mailing Address 5545 North Wayne		0 8	31 2010
	City	State Zip Code		saction ID: PR328223824100
	Chicago FEC ID number of contributing federal political committee.	IL 60640-1318	Amo	unt of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	680.00 P/R D Week	Deduction (\$40.00 Bi- sly)
_	Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell		Date	of Receipt
	Mailing Address 1093 N. Faldo Way			M / D D / Y Y Y
	City	State Zip Code	Trans	saction ID: PR328241424100
	Eagle	ID 83616-5369	Amo	unt of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Regional Executive Aggregate Year-to-Date		
	Primary General Other (specify)		P/R D Week	Deduction (\$20.00 Bi- sly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		148.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 106 (check only one) X
A 0	any information copied from such Reports and S or for commercial purposes, other than using the	Statements may re name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
. ∠ \.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 3475 North Venice Str	reet		08 / 31 / 2010
	City	State VA	Zip Code	Transaction ID: PR328260924100
	Arlington FEC ID number of contributing federal political committee.	C	22207-4446	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
 s.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W		08 31 7 9 9 9
	City	State DC	Zip Code	Transaction ID: PR328341824100
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, P	olitical Action & Grassroot	<u> </u>
	Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 690.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina	<u> </u>		Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511824100
	Yardley FEC ID number of contributing federal political committee.	C	19067-5736	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional E		
	Receipt For: Primary General Other (specify)	Aggregate Y	/ear-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)	ı		240.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt
	Mailing Address 1501 N. Harrison Stree		08 / 08 / 2010
	City Arlington	State Zip Code VA 22205-2726	Transaction ID: PR328512024100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President, Communicat	ions
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. George Arges		Date of Receipt
	Mailing Address One North Franklin St.		0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328641124100
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director, Health Data Manag	emen
	Receipt For: Primary General	Aggregate Year-to-Date ▼	D/D D
	Other (specify)	340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Av	e.	0 8 3 1 2 0 1 0
	City	State Zip Code	Transaction ID: PR328913324100
	Chicago	IL 60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & CEO, AHA Solutions, Ir	nc. &
	Receipt For: Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$40.00 Bi-
	Other (specify) ▼	680.00	Weekly)
Γ			160.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 106 (check only one) X 11a
A 0	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC			
۱.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
	Mailing Address One North Franklin Stre	eet		08 31 2010
	City Chicago	State IL	Zip Code 60606	Transaction ID: PR329013424100
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation SPSA Dir		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt
	Mailing Address One North Franklin			08 31 2010
	City	State	Zip Code	Transaction ID: PR329071324100
	Chicago FEC ID number of contributing federal political committee.	C	60606-3436	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	. '	& Chief Operating Officer,	C
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	N		0 8 3 1 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329084424100
	Washington FEC ID number of contributing federal political committee.	C	20004-2818	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	ssociate Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			160.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 106 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Bouleva	ard South		08 / 000 / 2010
	City Nashville	State TN	Zip Code 37210-4634	Transaction ID: PR329215724100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio AHA Reg	n gional Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. John Evans	Date of Receipt		
	Mailing Address One North Franklin Str	08 31 2010		
	City	State	Zip Code	Transaction ID: PR329342624100
	<u>Chicago</u>	<u>IL</u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Senior V	n ice President & CFO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		238.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris	1		Date of Receipt
	Mailing Address 1136 W. Farwell Ave.			08 31 2010
	City	State	Zip Code	Transaction ID: PR329654224100
	Chicago	<u>IL</u>	60626-3861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago		e Director, ASDVS	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)	1		136.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u></u>	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman		Date of Receipt
	Mailing Address One North Franklin		0 8
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR330343324100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Director Member Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt		Date of Receipt
	Mailing Address One North Franklin	08 31 Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: PR330411624100
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Associate Regional Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Maureen D. Mudron		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	08 31 2010	
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR330465224100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Deputy General Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
	NIDTOTAL (Describe This Description)		108.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any peen and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,	
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt
Mailing Address 4960 138th Circle We		08 / 31 / Y Y Y Y
City	State Zip Code	Transaction ID: PR330475424100
Apple Valley	MN 55124-9229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$40.00 Bi-
Other (specify) ▼	680.00	Weekly)
Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard		Date of Receipt
Mailing Address 6109 North 9th Road		08 31 7 2010
City	State Zip Code	Transaction ID: PR330534324100
Arlington	VA 22205-1609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Gene O'Dell	<u> </u>	Date of Receipt
Mailing Address One North Franklin		0 8 3 1 2 0 1 0
City	State Zip Code	Transaction ID: PR330547724100
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Strategic Planning	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
CURTOTAL of Possints This Poss (antional)		160.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 106 (check only one) X 11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
	Mailing Address 172 Atteridge	Ctata 7ia Cada	08 31 2010
	City Lake Forest	State Zip Code IL 60045-1715	Transaction ID: PR330549224100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Constituency Section	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	680.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Anthony Spohn		Date of Receipt
	Mailing Address 3219 N. Oriole		08 7 31 7 9 9 9
	City	State Zip Code	Transaction ID: PR331098324100
	Chicago	IL 60634-3232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Executive Director, Associate Membe	ersh
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	340.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.		Date of Receipt
	Mailing Address 1101 N. Kentucky Street		0 8 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR331278824100
	Arlington	VA 22205-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, State Issues Forum	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
Г	CURTOTAL of Possints This Page (anticast)		148.00

City State Zip Code Alexandria VA 22301-2402 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt B. Ms. Jo Ann Webb Mailing Address 325 Seventh Street, NW Suite 700 City Washingt Committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Ms. Jo Ann Webb Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR3313791 Aggregate Year-to-Date ▼ Primary General Occupation Sr. Director Federal Relations & Polic Namount of Each Receipt this Policy On the State S	79 / 106] 12] 16
American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush Mailing Address 26 West Glendale Ave. City State Zip Code American Hospital Association PR331042 FEC ID number of contributing federal political committee. C Cocupation Director Advocacy and Public Policy Option (\$53.33 Bi-Weekly) Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C Primary General Other (specify ▼ C Cocupation DC 20004-2818 FEC ID number of contributing federal political committee. C Transaction ID: PR3313791 Amount of Each Receipt this P Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Aggregate Year-to-Date ▼ P/R Deduction (\$14.00 Bi-Weekly) P/R Deduction (\$14.00 Bi-Weekly) Date of Receipt Transaction ID: PR3313869 Amount of Each Receipt this P Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 Transaction ID: PR3313869 Amount of Each Receipt this P Transaction ID: PR3313869 Amount of Each Receipt this P Amount of Each Receipt this P Transaction ID: PR3313869 Amount of Each Receipt this P	utions nittee.
Ms. Darlene S. Vandrebrush Mailing Address 26 West Glendale Ave. City State Zip Code Transaction ID: PR3313042 Amount of Each Receipt this P FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Full Name (Last, First, Middle Initial) Name of Employer American Hospital Association-Washingt FEC ID number of contributing federal political committee. Name of Employer State Zip Code Transaction ID: PR3313791 Amount of Each Receipt this P P/R Deduction (\$53.33 Bi-Weekly) Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR3313791 Amount of Each Receipt this P FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Occupation Sr. Director Federal Relations & Polic Receipt For: Primary General Occupation Sr. Director Federal Relations & Polic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR3313791 Amount of Each Receipt this P P/R Deduction (\$14.00 Bi-Weekly) Transaction ID: PR3313802 P/R Deduction (\$14.00 Bi-Weekly) Transaction ID: PR3313802 P/R Deduction (\$14.00 Bi-Weekly) Transaction ID: PR3313802 Amount of Each Receipt this P P/R Deduction (\$14.00 Bi-Weekly) Transaction ID: PR3313802 Amount of Each Receipt this P Cocupation State Zip Code Transaction ID: PR3313802 Transaction ID: PR3313802 Amount of Each Receipt this P Cocupation State Zip Code Transaction ID: PR3313802 Amount of Each Receipt this P Cocupation State Zip Code Transaction ID: PR3313802 Transaction ID: PR3313802 Amount of Each Receipt this P Cocupation State Zip Code Transaction ID: PR3313802 Transaction ID: PR3313802 Amount of Each Receipt this P Cocupation State Zip Code Transaction ID: PR3313802 Transaction ID: PR3313802 Transaction ID: PR3313802 Transactio	
Mailing Address 26 West Glendale Ave.	
Alexandria VA 22301-2402 Amount of Each Receipt this P FEC ID number of contributing federal political committee. Value of Employer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mas. Jo Ann Webb Mailing Address 325 Seventh Street, NW Suite 700 Vashington FEC ID number of contributing federal Potential Association-Washingt Sr. Director Federal Relations & Polic Receipt For: Occupation Date of Receipt Mailing Address Date of Receipt Date	010
Tanasetion Description Primary General December Decembe	224100
Name of Employer American Hospital Associa- tion. Washingt Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb Mailing Address 325 Seventh Street, NW Suite 700 Name of Employer American Hospital Associa- tion. Washingt FEC ID number of contributing federal political committee. Name of Employer American Hospital Associa- tion. Washingt On Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City Name of Employer American Hospital Associa- tion. Washingt FeC ID number of contributing federal political committee. C Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Aggregate Year-to-Date ▼ P/R Deduction (\$14.00 Bi-Weekly) Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR3313869 Amount of Each Receipt this P Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR3313869 Amount of Each Receipt this P C Cocupation DC 20004-2818 FEC ID number of contributing federal political committee. C C Transaction ID: PR3313869 Amount of Each Receipt this P Solve Transaction ID: PR3313869 Amount of Each Receipt this P C Transaction ID: PR3313869 Amount of Each Receipt this P Solve Transaction ID: PR3313869 Amount of Each Receipt this P C Transaction ID: PR3313869 Amount of Each Receipt this P Solve Transaction ID: PR3313869 Amount of Each Receipt this P C Transaction ID: PR3313869 Amount of Each Receipt this P Solve Transaction ID: PR3313869 Amount of Each Receipt this P Solve Transaction ID: PR3313869 Amount of Each Receipt this P Solve Transaction ID: PR3313869 Amount of Each Receipt this P	'eriod
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Cuty State Zip Code Transaction ID: PR3313791 Amount of Each Receipt this P C Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 State Zip Code Transaction ID: PR3313791 Amount of Each Receipt this P P/R Deduction (\$14.00 Bi- Weekly) P/R Deduction (\$14.00 Bi- Weekly) Date of Receipt Transaction ID: PR3313863 Amount of Each Receipt this P C Transaction ID: PR3313863 Amount of Each Receipt this P C Transaction ID: PR3313863 Amount of Each Receipt this P C Name of Employer American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼ Occupation State Zip Code Transaction ID: PR3313863 Amount of Each Receipt this P	06.66
Receipt For: Primary General S73.31	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code DC 20004-2818 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Pull Name (Last, First, Middle Initial) Ms. Jo Ann Webb Date of Receipt Ma M	
Ms. Jo Ann Webb Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code DC 20004-2818 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Cotupation Sr. Director Federal Relations & Polic Aggregate Year-to-Date ▼ P/R Deduction (\$14.00 Bi-Weekly) Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Name of Employer American Hospital Association-Washingt Senior Associate Director Receipt For: Aggregate Year-to-Date ▼ Occupation State Zip Code Transaction ID: PR3313868 Amount of Each Receipt this P Cocupation Senior Associate Director Aggregate Year-to-Date ▼	
Suite 700 City State Zip Code DC 20004-2818 Amount of Each Receipt this P FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Primary General Other (specify) ▼ Cocupation Sr. Director Federal Relations & Polic Spring and Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR3313869 Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Senior Associate Director Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: PR3313869 Amount of Each Receipt this P Cocupation Senior Associate Director Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	
Washington DC 20004-2818 Amount of Each Receipt this P FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ City State Zip Code Washington FC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt State S	010
FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR3313869 Washington DC 20004-2818 FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$14.00 Bi-Weekly) Date of Receipt Miling Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR3313869 Amount of Each Receipt this P C Occupation Senior Associate Director Aggregate Year-to-Date ▼	24100
Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Name of Employer American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$14.00 Bi-Weekly) Date of Receipt M M M / D D / 3 1 / Y Y / 3 1 / 2 2 Transaction ID: PR3313869 Amount of Each Receipt this P	'eriod
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$14.00 Bi-Weekly) Date of Receipt Transaction ID: PR3313869 Amount of Each Receipt this P C Name of Employer American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼	28.00
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Vashington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date P/R Deduction (\$14.00 Bi-Weekly) Date of Receipt M M M / D D D / Y Y Y O B D / Y Y Y O B D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Other (specify) ▼ Pull Name (Last, First, Middle Initial) Ms. Judy Weinsheimer Date of Receipt	
Ms. Judy Weinsheimer Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Receipt For: Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Suite 700 City Washington DC 20004-2818 Transaction ID: PR3313869 Amount of Each Receipt this P C Name of Employer American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼	
Washington DC 20004-2818 Amount of Each Receipt this P C Name of Employer American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼	0 1 0
FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Washingt Senior Associate Director Receipt For: Aggregate Year-to-Date ▼	924100
Name of Employer American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼	'eriod
American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼	28.00
D	
Primary General Other (specify) ▼ 238.00 P/R Deduction (\$14.00 Bi-Weekly)	
SUBTOTAL of Receipts This Page (optional)	62.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or f	y information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any per- name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.		Date of Receipt
	Mailing Address 6225 US Hwy 290 E		08 / 31 / 2010
	City Austin	State Zip Code TX 78761-5587	Transaction ID: PR331416024100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify)	Occupation AHA Regional Executive for TX Aggregate Year-to-Date ▼ 1020.00	P/R Deduction (\$60.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Mr. Woodin Dale Mailing Address 800 W. Central Road		Date of Receipt
			08 31 2010
	City Arlington Heights	State Zip Code IL 60005-2349	Transaction ID: PR331481324100
	FEC ID number of contributing federal political committee.	IL 60005-2349	Amount of Each Receipt this Period 28.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Executive Director, ASHE	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St.		08 31 2010
	City	State Zip Code	Transaction ID: PR331533224100
	Falls Church	VA 22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)		228.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 106 (check only one) X 11a
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
. <u>/</u>	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy		Date of Receipt
	Mailing Address One North Franklin		08 31 2010
	City Chicago	State Zip Code IL 60606-3436	Transaction ID: PR346168124100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMG	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh	Date of Receipt	
	Mailing Address 325 Seventh Street, N Suite 700	W	08 31 YYYY 2010
	City	State Zip Code	Transaction ID: PR517619724100
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Rela	ati
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Megan Cundari		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR518031924100
	Washington FEC ID number of contributing	DC 20004-2818	Amount of Each Receipt this Period 60.00
	federal political committee. Name of Employer	Occupation	-
	American Hóspítal Associa- tion-Washingt Receipt For:	Senior Associate Director Aggregate Year-to-Date ▼	
	Primary General Other (specify)	510.00	P/R Deduction (\$30.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .		220.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 106 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Laura M. Werner			Date of Receipt
Mailing Address 325 Seventh Street, N' Suite 700	W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR560101524100
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Project M		1
Receipt For:	, ' · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	
Primary General Other (specify) ▼		238.00	P/R Deduction (\$14.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Carlos Jackson			Date of Receipt
Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y Y O D D / 2010
City	State	Zip Code	Transaction ID: PR566280924100
Washington	DC	20004-2802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate	Director, Federal Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson			Date of Receipt
Mailing Address 606 S. Royal St.			0 8 3 1 2 0 1 0
City	State	Zip Code	Transaction ID: PR766023724100
Alexandria	VA	22314-4142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	1		108.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 106 (check only one) X 11a
A OI	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		08 / 31 / 2010
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR801366324100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director Policy	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	08 31 2010	
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR876637224100
	FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Legislative Affairs	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 340.00	P/R Deduction (\$20.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Jennifer Armstrong Gay		Date of Receipt
	Mailing Address 10702 Benning Way		08 31 2010
	City	State Zip Code	Transaction ID: PR928186524100
	Spotsylvania FEC ID number of contributing federal political committee.	VA 22551-4670	Amount of Each Receipt this Period 31.82
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director Communication Strategies	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 222.74	P/R Deduction (\$15.91 Bi- Weekly)
<u>ر</u>	SUBTOTAL of Receipts This Page (optional)		99.82

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 106 (check only one) X
	Any information copied from such Reports and Sta or for commercial purposes, other than using the results of the state of	atements mag	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR936292324100
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupatio Senior D	n irector of Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. David A. Strickland			Date of Receipt
	Mailing Address One N. Franklin Street			0 8 3 1 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR939603924100
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupatio Executive	n e Director Quality Center	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	•	56.00
TOTAL This Period (last page this line number only)	<u> </u>	58292.47

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 106 (check only one) 11a 11b 11c X 12 13 14 15 16 11
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Feder Mailing Address Post Office Box 8600 City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code PA 17105-8600 C C00128082 Occupation Aggregate Year-to-Date 70000.00	Date of Receipt M M M O D D O D O D O D O D O D O D O D
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park I City Madison FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code WI 53725-9038 C C00359455 Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8 25 2010 Transaction ID: 18543829 Amount of Each Receipt this Period 1482.61
Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Mailing Address P.O. Box 15587 City Austin FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code TX 78761-5587 C C00301325 Occupation Aggregate Year-to-Date ▼ 61800.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	·	28482.61
TOTAL This Period (last page this line number	r only)	28482.61

S	CHEDULE A (FEC Form 3X)			FOR	LINE	NU	MBER:	: [PAG	E 86	/ 10	6
	·		Use separate schedule(s) for each category of the	(che	ck only	on /	e) _	_				
11	EMIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	_	11c 15	-	12 16	□ 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any persodress of any political committee to	n for th solicit (ie purp	ose	of solid	citin	ng conf	ributi	ions	<u> </u>
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)											
\rangle	American Hospital Association PAC											
	Full Name (Last, First, Middle Initial) Citibank, F.S.B.				ate of	Red	ceipt					
	Mailing Address 1400 G Street, NW				м м 0 8	/	3 1		Y		1 0	
	City	State	Zip Code	Tı	ransac	ctio	n ID: 1	85	6170	1		
	Washington	DC	20005	A	mount	t of	Each R	lece	eipt this	s Per	iod	
	FEC ID number of contributing federal political committee.	C								194	1.25	
	Name of Employer	Occupation	n									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1765.81	 Int	erest	Ea	rned					

SUBTOTAL of Receipts This Page (optional)	•	194.25
TOTAL This Period (last page this line number only)	•	194.25

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule			FOR LIN		-	R:		P	AGE	87 /	106
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag			21b 27	Á	22 28a	X	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Stater												s
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any politi	cai coi	1111	millee to s	SOIIC	it Coriti	ibuti	Ons in	om sucm	COITII	muee	
American Hospital Association PAC												
·												
Full Name (Last, First, Middle Initial) Fund for America's Future						Date	of Di	sburse	18478 ement	3465	5	
Mailing Address PO Box 1371						0 ^M 8	М	0	3 /	Ž	010	o ^Y
City Columbia	State Zip Code SC 29202					Amou	nt of	Each	Disburse	emen	t this	Period
Purpose of Disbursement 2010 Contribution			()11		<u></u>	-			50	00.00)
Candidate Name Fund for America's Future				tegory/ type								
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	al				2010	Cor	ntribut	tion			
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	18478	3466	 }	
Preserving America's Traditions PAC (PA	TPAC)							sburse	ement	, 100	,	
Mailing Address 228 South Washington Suite B-20	Street					0 ^M 8	М	0	3 /	2	010	o ^Y
City Washington	State Zip Code DC 22314					Amou	nt of	Each	Disburse	-		
Purpose of Disbursement 2010 Contribution			()11			_	•		50	00.00)
Candidate Name Preserving America's Traditions PAC (PA	TPAC)	C		tegory/ type								
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	al			:	2010	Cor	ntribut	tion			
State: District:												
Full Name (Last, First, Middle Initial) Alamo PAC						Date	of Di	on ID: sburse				
Mailing Address 919 Congress Ave. Suite 1400						0 ^M 8	M	0	3 /	Ž	010	O Y
City Austin	State Zip Code TX 78701					Amou	nt of	Each	Disburse			
Purpose of Disbursement 2010 Contribution		ТГ	()11		L.	_			35	00.00)
Candidate Name Alamo PAC				tegory/ type								
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	al				2010	Cor	ntribut	tion			
State: District:												
SUBTOTAL of Disbursements This Page (optional)				•						135	00.00	Ò

TOTAL This Period (last page this line number only)

	HEDULE B	(FEC Form	3X)	Use sepa	arate schedule(s)		_	INE NUM			F	PAGE	88 / 1	106
ITI	EMIZED DIS	BURSEMEN	TS	for each	category of the Summary Page		(cneck 211 27	only one) b 22	2 X	23 28b	24	. Н	25 29	П
		from such Reports												5
\	NAME OF COMM													
	Full Name (Last, F TENN PAC	irst, Middle Initial)							ansacti ate of D		_	78468		
	Mailing Address	228 S. Washin	gton Stree	t					8 M	[′] 0	3 /	^Y 2	0 1 0) ^Y
	City Alexandria			State VA	Zip Code 22314			Ar	nount o	f Each	Disbur			_
	Purpose of Disburg	sement				_	011]	• •			30	00.00	
	Candidate Name TENN PAC Office Sought:	House	Dishurso	mont For:			ategory/ Type							
	, and the second	House Senate President	Dispuise	ment For: Primary Other (spe	General ecify) ▼			20	10 Cor	ntribut	ion			
	Full Name (Last, F	District: irst, Middle Initial)						1	ansacti		_	78469)	
	KPAC Mailing Address	Post Office Box	820365						te of D		ment 3	Y Ž	0 1 0) ^Y
	City Dallas			State TX	Zip Code 75382			Ar	nount o	f Each	Disbur	semen	t this P	Perio
	Purpose of Disburs 2010 Contribution	sement		17	75362		011	7 [50	00.00	
	Candidate Name KPAC					Ca	ategory/ Type	_						
	Office Sought:	House Senate President District:	Disburse	ment For: Primary Other (spe	General ecify) ▼			20	10 Cor	ntribut	ion			
	Full Name (Last, F Making Busines		I						ansacti ate of D			78470	l	
	Mailing Address	P.O. Box 3241						C	8 ^M	[′] 0	^D /	Ý Ž	0 1 0) ^Y
	City Cheyenne			State WY	Zip Code 82003			Ar	nount o	f Each	Disbur			_
	Purpose of Disburs 2010 Contribution	sement				_	011			•		50	00.00	
	Candidate Name Making Busines Office Sought:		l post				ategory/ Type							
	LITTICA SOLIGHT.	House	Disburse	ment For: Primary	General			20	10 Cor	ntribut	ion			
	Office Gought.	Senate President		Other (spe										

BCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)	PAO)		Transaction ID: 18478471
TAC PAC (Truth, Accountability, and Cou	rage PAC)		Date of Disbursement
Mailing Address 228 S. Washington Stre Suite 115	et		08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement		* *	2000.00
2010 Contribution		011	
Candidate Name TAC PAC (Truth, Accountability, and Cou	rage PAC)	Category/ Type	
Office Sought: House Disburs	ement For: Primary General		2010 Contribution
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Freedom Fund			Transaction ID: 18478472
			Date of Disbursement
Mailing Address 128 N. Columbus Stree			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & R \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution		011	2000.00
Candidate Name Freedom Fund	,	Category/ Type	
	ement For:		2010 Contribution
Senate President	Primary General Other (specify) ▼		
State: District:	Other (Specify)		
Full Name (Last, First, Middle Initial) 21st Century Majority Fund			Transaction ID: 18478473 Date of Disbursement
			08 03 7 2010
Mailing Address 6065 Roswell Road Box 2274			
City Atlanta	State Zip Code GA 30328		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution		011	5000.00
Candidate Name 21st Century Majority Fund		Category/ Type	
	ement For:		2010 Contribution
Senate President	Primary General Other (specify) ▼		
State: District:			
OUDTOTAL (CD)		_	9000.00
SUBTOTAL of Disbursements This Page (optional		······· <u>•</u>	9000.00

IT	CHEDULE B (FEC Form 3)	Use sep	arate schedule(s)	_	E NUMBER: PAGE 90 / 106
••	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check on 21b 27	y one) 22 X 23 24 25 2 28a 28b 28c 29
	y Information copied from such Reports and for commercial purposes, other than using				
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		os or any pomica		John Contributions from Scott Committee
<u> </u>	Full Name (Last, First, Middle Initial) Denali Leadership PAC				Transaction ID: 18478475 Date of Disbursement
	Mailing Address 16158 Essex Park	CDr.			088 / 03 / 2010
	City Anchorage	State AK	Zip Code 99516		Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 Contribution			011	2000.00
	Candidate Name Denali Leadership PAC			Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (spe	General ecify) ▼		2010 Contribution
	Full Name (Last, First, Middle Initial) Tallatchee Creek PAC				Transaction ID: 18478476 Date of Disbursement
	Mailing Address 3343 Allendale Pl	ace			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix}$
	City Montgomery	State AL	Zip Code 36111		Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 Contribution			011	2000.00
	Candidate Name Tallatchee Creek PAC			Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (spe	General ecify) ▼		2010 Contribution
	Full Name (Last, First, Middle Initial) Defend America PAC				Transaction ID: 18478477 Date of Disbursement
	Full Name (Last, First, Middle Initial)				
	Full Name (Last, First, Middle Initial) Defend America PAC	State AL	Zip Code 35403		Date of Disbursement M M M D D D Y 2 0 1 0 Y Amount of Each Disbursement this Period
	Full Name (Last, First, Middle Initial) Defend America PAC Mailing Address PO Box 2626 City Tuscaloosa Purpose of Disbursement 2010 Contribution			011	Date of Disbursement O 8 O 3 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1
	Full Name (Last, First, Middle Initial) Defend America PAC Mailing Address PO Box 2626 City Tuscaloosa Purpose of Disbursement 2010 Contribution Candidate Name Defend America PAC	AL		011 Category/ Type	Date of Disbursement M M M D D D Y 2 0 1 0 Amount of Each Disbursement this Period
	Full Name (Last, First, Middle Initial) Defend America PAC Mailing Address PO Box 2626 City Tuscaloosa Purpose of Disbursement 2010 Contribution Candidate Name Defend America PAC		35403 General	Category/	Date of Disbursement M M M D D D D Y Y Y Y O Y O Y O Y O Y O Y O Y

SCHEDIII E B (FEC Form 3Y)

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	R LINE NUMBER: PAGE 91 / 106 eck only one)
TEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and Stator for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial)		Transaction ID: 18478478
Republican Majority Fund		Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 1550		08 03 2010
City Ponca City	State Zip Code OK 74602	Amount of Each Disbursement this Perio
Purpose of Disbursement		4000.00
2010 Contribution Candidate Name	011 Categor	rv/
Republican Majority Fund	Туре	·
Office Sought: House Disbu	rsement For: Primary General Other (specify)	2010 Contribution
Full Name (Last, First, Middle Initial)		Transaction ID: 18478479
Responsibility and Freedom Work PAC		Date of Disbursement
Mailing Address PO Box 196		08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Tupelo	State Zip Code MS 38802	Amount of Each Disbursement this Perio
Purpose of Disbursement	100001	4000.00
2010 Contribution Candidate Name Responsibility and Freedom Work PAC	011 Categoi Type	•
Office Sought: House Disbut Senate President State: District:	rsement For: Primary General Other (specify)	2010 Contribution
Full Name (Last, First, Middle Initial) Rock City PAC		Transaction ID: 18478480 Date of Disbursement
Mailing Address 1015 Stonebridge Park	C Drive	08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Franklin	State Zip Code TN 37069	Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 Contribution	011	5000.00
Candidate Name Rock City PAC	Catego Type	
Office Sought: House Disbu	rsement For: Primary General Other (specify)	2010 Contribution
Contract to the contract to th		
State: District:		

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	NE NUMBER:	PAGE 92/106
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check o	only one) 22 X 23	24 25 26
		27	28a 28b	28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Wyoming Values PAC			Transaction ID Date of Disburs	ement
Mailing Address 901 N. Washington Stree Suite 102	t		08 / 00	03 7 2010
City	State Zip Code VA 22314		Amount of Each	Disbursement this Period
Purpose of Disbursement 2010 Contribution		011		5000.00
Candidate Name Wyoming Values PAC	_	Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		2010 Contribu	tion
Full Name (Last, First, Middle Initial) Friends Of Mike Lee Inc			Transaction ID Date of Disburs	
Mailing Address 190 West 800 North Ste	100		08 / 00	03 7 2010
y	State Zip Code UT 84601		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution		011		2000.00
Candidate Name Mr. Mike Lee		Category/ Type		
Office Sought: House Disburse X Senate President State: UT District:	ment For: 2010 Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) Moran For Kansas			Transaction ID Date of Disburs	
Mailing Address P.O. Box 1151			08 / 00	03 7 2010
	State Zip Code KS 67601		Amount of Each	Disbursement this Period
Purpose of Disbursement Contribution		011		5000.00
Candidate Name Rep. Jerry Moran		Category/ Type		
Office Sought: X House Senate President State: KS District: 01	ment For: 2010 Primary X General Other (specify)		Contribution	
SUBTOTAL of Disbursements This Page (optional) .				12000.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s) FOR LINE (check onli	NUMBER: PAGE 93 / 106
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Stator for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 18478484
Coburn For Senate Committee			Date of Disbursement
Mailing Address 3300 W Okmulgee St PO Box 977			08 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Muskogee	State Zip Code OK 74402		Amount of Each Disbursement this Period
Purpose of Disbursement	ON 74402		2000.00
Contribution		011	
Candidate Name Sen. Thomas Coburn		Category/ Type	
Office Sought: House X Senate President	rsement For: 2010 Primary X General Other (specify)		Contribution
State: OK District:	Other (specify)		
Full Name (Last, First, Middle Initial) Lisa Murkowski For U.S. Senate			Transaction ID: 18478485 Date of Disbursement
Mailing Address DO Day 100047			08 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 100847			00 00 2010
City Anchorage	State Zip Code AK 99510		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Sen. Lisa Murkowski		Category/ Type	
Office Sought: House Disbu	rsement For: 2010 X Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)			Transaction ID: 18478486
Hoeven For Senate			Date of Disbursement
Mailing Address PO Box 15114			08 08 7 03 7 2010
City Arlington	State Zip Code VA 22215		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	-	011	3000.00
Candidate Name Mr. John Hoeven		Category/ Type	
Office Sought: House X Senate President	rsement For: 2010 Primary X General Other (specify)		Contribution
State: ND District:	<u> </u>		
			6000.00
SUBTOTAL of Disbursements This Page (optional	al)		00.000

IT		Use sep	parate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENT	for each	category of the Summary Page	(check onl	y one) 22
	r Information copied from such Reports a or commercial purposes, other than usin				for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association PA	<u> </u>	, , ,		
<u>/</u>	Full Name (Last, First, Middle Initial) Nebraska Leadership PAC (NELP	AC)			Transaction ID: 18485929 Date of Disbursement
	Mailing Address P.O. Box 54018	6			08 08 7 03 7 2010
	City Omaha	State NE	Zip Code 68154		Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 Contribution			011	5000.00
	Candidate Name Nebraska Leadership PAC (NELP	<u> </u>		Category/ Type	
	Office Sought: Senate President State: District:	Disbursement For: Primary Other (sp	General ecify) ▼		2010 Contribution
	Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Cong	gress, Inc.			Transaction ID: 18485933 Date of Disbursement
	Mailing Address PO Box 80126				$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & N \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ D & D & D \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix}$
	City Lafayette	State LA	Zip Code 70598		Amount of Each Disbursement this Period
	City Lafayette Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Perio
	Lafayette Purpose of Disbursement			011 Category/ Type	
	Lafayette Purpose of Disbursement Contribution Candidate Name		2010 General	Category/	
	Lafayette Purpose of Disbursement Contribution Candidate Name Rep. Charles W. Boustany, Jr. Office Sought: X House Senate President	Disbursement For: X Primary Other (sp	2010 General	Category/	Contribution Transaction ID: 18485934 Date of Disbursement
	Lafayette Purpose of Disbursement Contribution Candidate Name Rep. Charles W. Boustany, Jr. Office Sought: X House Senate President State: LA District: 07 Full Name (Last, First, Middle Initial)	Disbursement For: X Primary Other (sp	2010 General	Category/	Contribution Transaction ID: 18485934
	Lafayette Purpose of Disbursement Contribution Candidate Name Rep. Charles W. Boustany, Jr. Office Sought: X House Senate President State: LA District: 07 Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Constitution	Disbursement For: X Primary Other (sp	2010 General	Category/	Contribution Transaction ID: 18485934 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Lafayette Purpose of Disbursement Contribution Candidate Name Rep. Charles W. Boustany, Jr. Office Sought: X House Senate President State: LA District: 07 Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Cong Mailing Address PO Box 80126 City Lafayette Purpose of Disbursement Contribution	Disbursement For: X Primary Other (sp	2010 General eccify) ▼	Category/	Contribution Transaction ID: 18485934 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Lafayette Purpose of Disbursement Contribution Candidate Name Rep. Charles W. Boustany, Jr. Office Sought: X House Senate President State: LA District: 07 Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Cong Mailing Address PO Box 80126 City Lafayette Purpose of Disbursement Contribution Candidate Name Rep. Charles W. Boustany, Jr.	Disbursement For: X Primary Other (sp	2010 General eccify) ▼	Category/ Type	Contribution Transaction ID: 18485934 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Lafayette Purpose of Disbursement Contribution Candidate Name Rep. Charles W. Boustany, Jr. Office Sought: X House Senate President State: LA District: 07 Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Cong Mailing Address PO Box 80126 City Lafayette Purpose of Disbursement Contribution Candidate Name	Disbursement For: X Primary Other (sp	2010 General eccify) ▼ Zip Code 70598 2010 X General	Category/ Type 011 Category/	Contribution Transaction ID: 18485934 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Any Information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit or or commercial purposes, other than using the name and address of any political committee to solicit or or commercial purposes, other than using the name and address of any political committee to solicit or or commercial purposes, other than using the name and address of any political committee to solicit or or commercial purposes of any political committee to solicit or commercial purposes of any political committee to solicit or commercial purposes of any political committee to solicit or contribution to committee to solicit or committee to solicit or category/ Type to	JMBER: PAGE 95 / 106
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 607 14th Street, Nw Suite 800 City Washington DC 20005 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House President Suite 428 City La Crosse WI 54601 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House President Suite 428 City State Zip Code District: 08 Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue South Suite 428 City State Zip Code WI 54601 Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind Office Sought: X House Senate President State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City Senate President State Zip Code NY 10605 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State Zip Code NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Disbursement For: 2010 Category/ Type City State Zip Code NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Disbursement For: 2010 Caregory/ Type Office Sought: X House Disbursement For: 2010 Caregory/ Type Office Sought: X House Disbursement For: 2010 Caregory/ Type Office Sought: X House Disbursement For: 2010 Caregory/ Type Office Sought: X House Disbursement For: 2010 Caregory/ Type Office Sought: X House Disbursement For: 2010 Caregory/ Type Office Sought: X House Primary X General	22 X 23 24 25 28a 28b 28c 29
American Hospital Association PAC Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 607 14th Street, Nw Suite 800 City Washington DC 20005 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House President State: CA District: 08 Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue South Suite 428 City La Crosse WI Senate President Suite 428 City La Crosse WI Senate President Sound Senate President South Suite 428 City Candidate Name Rep. Ron Kind Office Sought: House Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind Office Sought: House President State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State Vi Primary Canderal Category/ Type Other (specify) Tiple Other (specify) Tiple Other (specify) Tiple Other (specify) Tiple Category/ Type City White Plains Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X Primary Category/ Type Category Type Category Type Category Type Category Type Category Type	
Mailing Address 607 14th Street, Nw Suite 800 City State Zip Code Washington DC 20005 Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House President State: CA District: 08 Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue South Suite 428 City State Zip Code WI 54601 Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind Office Sought: X House WI 54601 Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind Office Sought: X House President State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State Zip Code NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Disbursement For: 2010 Category/ Type Office Sought: X House Disbursement For: 2010 Primary General Category/ Type Office Sought: X House Disbursement For: 2010 Primary General Category/ Type Office Sought: X House Disbursement For: 2010	
Suite 800 City Washington Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought: X House President State: CA District: 08 Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address City La Crosse WI Senate WI Sate City La Crosse WI Senate Disbursement Contribution Candidate Name Rep. Ron Kind Office Sought: X House Senate President State: Zip Code WI S4601 Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind Office Sought: X House Senate President State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address Po Box 271 City State Zip Code X Primary General Other (specify) Type City White Plains Ny 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Disbursement For: Category/ Type City White Plains Ny 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Disbursement For: Category/ Type	Transaction ID: 18485935 Date of Disbursement
Washington Purpose of Disbursement Contribution Candidate Name Rep. Nancy Pelosi Office Sought:	08 0 3 7 2 0 1 0
Contribution Candidate Name Rep. Nancy Pelosi Office Sought:	Amount of Each Disbursement this Perio
Rep. Nancy Pelosi Office Sought:	5000.00
Senate Primary X General Other (specify) ▼ State: CA District: 08 Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue South Suite 428 City State Zip Code UI 54601 Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind Office Sought: X House Senate President State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State Zip Code NY 10605 Purpose of Disbursement For: 2010 State Zip Code NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State Zip Code NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Senate Primary X General Category/ Type Office Sought: X House Senate Primary X General Category/ Type Office Sought: X House Senate Primary X General Category/ Type	
Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue South Suite 428 City La Crosse Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind Office Sought: X House President President State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City White Plains Purpose of Disbursement Contribution Candidate Name President State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City White Plains Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Senate Disbursement For: 2010 Category/ Type	Contribution
City La Crosse Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind Office Sought: X House Senate President State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City White Plains Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind Disbursement For: 2010 X Primary General Other (specify) Tity City State NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Senate Disbursement For: 2010 Category/ Type Office Sought: X House Senate Disbursement For: 2010 Category/ Type Category/ Type Office Sought: X House Senate Primary X General	Transaction ID: 18485936 Date of Disbursement
La Crosse WI 54601 Purpose of Disbursement Contribution Candidate Name Rep. Ron Kind Office Sought: X House Senate President President State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State Zip Code NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Disbursement For: 2010 Category/ Type Office Sought: X House Disbursement For: 2010 Category/ Type Office Sought: X House Disbursement For: 2010 Category/ Type Category/ Type	08 / 03 / 2010
Contribution Candidate Name Rep. Ron Kind Office Sought: X House Senate President State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State Zip Code White Plains NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Senate Disbursement For: 2010 Cardidate Name Rep. Nita M. Lowey Office Sought: X House Senate Disbursement For: 2010 Cardidate Name Rep. Nita M. Lowey Office Sought: X House Senate Disbursement For: 2010 Cardidate Name Rep. Nita M. Lowey Office Sought: X House Senate Disbursement For: 2010 Cardidate Name Rep. Nita M. Lowey Office Sought: X House Senate Disbursement For: 2010 Cardidate Name Rep. Nita M. Lowey	Amount of Each Disbursement this Perio
Rep. Ron Kind Office Sought:	2500.00
State: WI District: 03 Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 City State Zip Code White Plains NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Disbursement For: 2010 Senate Primary X General	Contribution
Nita Lowey For Congress Mailing Address PO Box 271 City State Zip Code White Plains NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Disbursement For: 2010 Senate Primary X General	
City State Zip Code White Plains NY 10605 Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Disbursement For: 2010 Senate Primary X General	Transaction ID: 18505562 Date of Disbursement
White Plains Purpose of Disbursement Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Senate Disbursement For: Primary 10605 011 Category/ Type College Sought: C	08 05 7 2010
Contribution Candidate Name Rep. Nita M. Lowey Office Sought: X House Disbursement For: Senate Primary X General O11 Category/ Type Co	Amount of Each Disbursement this Perio
Rep. Nita M. Lowey Office Sought: X House Disbursement For: 2010 Senate Primary X General	2500.00
Senate Primary X General	
State: NY District: 18	Contribution
Similar 15	10000.00

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:		Р	AGE	96 /	106
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ē	21b 27	Á	22 28a	X	23 28b	24 28c	F	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan													s
NAME OF COMMITTEE (In Full)	le and addres	ss or any pontical	COITI	1111	iillee to s	OIIC	it Contr	ibuti	OHS IT	om such	COITI	Tilllee	
American Hospital Association PAC													
Full Name (Last, First, Middle Initial) Mike Pence Committee									on ID:	1850 ement	5568	3	
Mailing Address P. O. Box 408							0 ^M 8	М	^D 0	5 /	Ý	010	O Y
City Anderson	State IN	Zip Code 46015					Amou	nt of	f Each	Disburs	emer	nt this	Period
Purpose of Disbursement Contribution				0	11			_	•		10	00.00)
Candidate Name Rep. Michael R. Pence					egory/ ype								
Office Sought: X House Senate President State: IN District: 06	ement For: Primary Other (spe	2010 X General					Contri	ibut	ion				
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	1850	5573	3	
Lipinski For Congress							Date	of Di	sburse	ement			_
Mailing Address P.O. Box 2884							0 ^M 8	М	0	5 /	2	0 1 (o ^Y
City Washington	State DC	Zip Code 20013					Amou	nt of	f Each	Disburs			
Purpose of Disbursement Contribution				_	11		L.				10	00.00	0
Candidate Name Rep. Daniel William Lipinski					egory/ ype								
Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼					Contri	ibut	ion				
State: IL District: 03													
Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer							Date of		sburse				V
Mailing Address PO Box 411176							0 8	MI /	0	5 /	2	0 1 (ס '
City Los Angeles	State CA	Zip Code 90041					Amou	nt of	f Each	Disburs	emer	nt this	Period
Purpose of Disbursement Contribution				0	11		L.	_			25	00.00)
Candidate Name Sen. Barbara Boxer					egory/ ype								
X Senate President	ement For: Primary Other (spe	2010 X General					Contri	ibut	ion				
State: CA District:													
SUBTOTAL of Disbursements This Page (optional)					. •						45	00.00)

TOTAL This Period (last page this line number only)

FE6AN026

	CHEDOLL B (I LO I OIIII 3X)	Use separate schedule(s		(check or	
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	[21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and S for commercial purposes, other than using the				
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
<u></u>	Full Name (Last, First, Middle Initial) Citizens For Rush Mailing Address P. O. Box 7292				Transaction ID: 18509412 Date of Disbursement M M M / D D D / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y
	City Chicago	State Zip Code IL 60680			Amount of Each Disbursement this Pe
	Purpose of Disbursement Contribution Candidate Name Rep. Bobby Lee Rush		Ca	011 tegory/ ype	3000.00
		oursement For: 2010 Primary X General Other (specify)	<u> </u>	уре	Contribution
	Full Name (Last, First, Middle Initial) Giffords For Congress Mailing Address PO Box 12886				Transaction ID: 18509415 Date of Disbursement MMM / DD D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Tucson Purpose of Disbursement Contribution Candidate Name	State Zip Code AZ 85732		011 tegory/	Amount of Each Disbursement this Pe
	Rep. Gabrielle Giffords Office Sought: X House Senate President State: AZ District: 08	oursement For: 2010 Primary X General Other (specify) ▼	7	- уре	Contribution
	Full Name (Last, First, Middle Initial) Paul Tonko For Congress				Transaction ID: 18509424 Date of Disbursement
	Mailing Address 911 Central Avenue PO Box 221				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Albany	State Zip Code NY 12206			Amount of Each Disbursement this Pe
	Purpose of Disbursement Contribution Candidate Name Rep. Paul David Tonko		Ca	011 tegory/	1000.00
		oursement For: 2010 X Primary General Other (specify)	<u> </u>	JPG	Contribution
Г	UBTOTAL of Disbursements This Page (optic	0			6500.00

	STILLBOLL B (I LC I OIIII 3X)	Use separate schedule(s	iule(s) (check		NUMBER: PAGE 98 / 106 PAGE 98 / 106					100		
IT 	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	\vdash	23 28b	2	4 Bc	25 29	2 3
	y Information copied from such Reports and S for commercial purposes, other than using the											5
\setminus	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
\mathbb{L}	·											
	Full Name (Last, First, Middle Initial) Forbes For Congress					Date	of Dis	sburse				
	Mailing Address PO Box 15100					8 ^M 0	M /	^D 1	^D 7	Y	ž 0 1 ()
	City Chesapeake	State Zip Code VA 23328				Amou	ınt of	Each	Disbu		nt this f	-
	Purpose of Disbursement Contribution			01	1					•	500.00)
	Candidate Name Rep. J. Randy Forbes			ateg Typ	ory/ e							
	Senate President	oursement For: 2010 Primary X General Other (specify)				Contr	ibuti	on				
_	State: VA District: 04 Full Name (Last, First, Middle Initial)					Trans	ooti	on ID.	105	0042		
	Braley For Congress					Date M		sburse	ement			Y
	Mailing Address PO Box 390					0 8		1	7		ž 0 1 ()
	City Waterloo	State Zip Code IA 50704				Amou	ınt of	Each	Disbu		nt this f	
	Purpose of Disbursement Contribution		_	01		L.				2	500.00)
	Candidate Name Rep. Bruce Braley			ateg Typ	ory/ e							
	Office Sought: X House Senate President State: IA District: 01	oursement For: 2010 Primary X General Other (specify) ▼				Contr	ibuti	on				
	Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress							on ID: sburse	185 ement	0943	7	
	Mailing Address P. O. Box 909					0 ^M 8	M /	^D 1	^D /	Y	ž 0 i () ^Y
	City Columbus	State Zip Code GA 31902				Amou	ınt of	Each	Disbu		nt this f	
	Purpose of Disbursement Contribution			01	1	L.				1	00.00)
	Candidate Name Rep. Sanford D. Bishop, Jr.			ateg Typ	ory/ e							
	Senate President	oursement For: 2010 Primary X General Other (specify)	1	71-		Contr	ibuti	on				
	State: GA District: 02						_					

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s								99 / 1	06	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		3b	24 28c		25 29	
	y Information copied from such Reports and Stator commercial purposes, other than using the na											
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC	, , , , , , , , , , , , , , , , , ,										
<u>/</u>	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Car	npaign					action of Disb			9439		
	Mailing Address PO Box 12612					0 ^M 8	M /	17	/	ž Ž	0 Í 0	Y
	City San Antonio	State Zip Code TX 78212				Amou	nt of E	ach D	sburse			-
	Purpose of Disbursement Contribution		-	011						50	00.00	-
	Candidate Name Rep. Charles A. Gonzalez	0010		atego Type	ry/							
	Office Sought: X House Disbute Senate President State: TX District: 20	rsement For: 2010 Primary X General Other (specify)				Contr	bution	า				
	Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee						action of Disb			9440		
	Mailing Address P.O. Box A					0 ^M 8	M /	17	/	ž	0 1 0	Υ
	City Harrisonville	State Zip Code MO 64701				Amou	nt of E	ach D	sburse	ement	this P	erio
	Purpose of Disbursement Contribution		-	011			•			100	00.00	
	Candidate Name Rep. Ike Skelton			atego Type	ry/							
	Office Sought: X House Disbute Senate President State: MO District: 04	rsement For: 2010 Primary X General Other (specify)				Contri	bution	า				
	Full Name (Last, First, Middle Initial) Lucille Roybal-Allard For Congress						of Disb	ursem	ent			
	Mailing Address 6 E Street, Se					0 ^M 8	М /	17]	ž	0 1 0	Y
	City Washington	State Zip Code DC 20003				Amou	nt of E	ach D	sburse	-		
	Purpose of Disbursement Contribution Candidate Name		-	011 atego	nu/					. 20	00.00	
	Rep. Lucille Roybal-Allard			Type	y/							
	Office Sought: X House Disbu Senate President State: CA District: 34	rsement For: 2010 Primary X General Other (specify)				Contr	bution	า				
	State. Of District. 07							-			0.00	

		Use separate schedule(s)									GE	100 /	100
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b		24 28c		25 29	2 3
	y Information copied from such Reports and State for commercial purposes, other than using the nan												
\setminus	NAME OF COMMITTEE (In Full)												
	American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Jim Costa For Congress					Trans		-			442		
						Date of 8	M /		emer I 7	Ι ι / Υ	Ý	0 1 0	Υ
	# 355												
	City Fresno	State Zip Code CA 93711				Amou	int of	Each	ı Disk	ourse	-	this P	-
	Purpose of Disbursement Contribution			01	1		-				200	00.00	
	Candidate Name Rep. James Costa		C		ory/								
	Senate President	ement For: 2010 Primary X Genera Other (specify) ▼				Contr	ibut	ion					
_	State: CA District: 20 Full Name (Last, First, Middle Initial)					Trans		ID	. 10	2500	440		
	Anna Eshoo For Congress					Date of			emer			V	V
	Mailing Address 555 Capitol Mall, Suite	1425				0 8	IVI /	1	1 ^D	Ĺ	2	0 1 0	
	City Sacramento	State Zip Code CA 95814				Amou	int of	Each	n Disk	ourse	-	this P	-
	Purpose of Disbursement Contribution			01	1		-		•		250	00.00	-
	Candidate Name Rep. Anna G. Eshoo		C	ateg Typ	ory/ e								
	Office Sought: X House Senate President State: CA District: 14	ement For: 2010 Primary X Genera Other (specify) ▼	•			Contr	ibut	ion					
	Full Name (Last, First, Middle Initial) Friends Of Joe Baca					Trans		-			446		
	Mailing Address 555 Capitol Mall Suite 1	425				8 ^M 0	M	D 1	1 7	/ Y	ž	0 Ĭ 0	Y
	City Sacramento	State Zip Code CA 95814				Amou	int of	Each	n Disk	ourse	ment	this P	eriod
	Purpose of Disbursement Contribution			01	1	L.	_				50	00.00	-
	Candidate Name Rep. Joseph Baca			ateg Typ	ory/								
	Senate President	ement For: 2010 Primary X Genera Other (specify) ▼				Contr	ibut	ion					
_	State: CA District: 43					_							
												0.00	

IT	CHEDULE B (FEC Form		se sepa	arate schedule(s)			NUMBER: PAGE 101 / 106
	EMIZED DISBURSEMEN	ITS fo	r each	category of the Summary Page		(check on 21b 27	ny one) 22 X 23 24 25 2 28a 28b 28c 29
							for the purpose of soliciting contributions plicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Hospital Association F		· addi o	oo or any pomioa	-		
	Full Name (Last, First, Middle Initial) National Republican Congressio	nal Committee)				Transaction ID: 18549058 Date of Disbursement
	Mailing Address 320 First Stree	t, SE					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State DC)	Zip Code 20003			Amount of Each Disbursement this Perio
	Purpose of Disbursement 2010 Contribution)11	15000.00
	Candidate Name National Republican Congressio	nal Committee				egory/ ype	
	Office Sought: State: House Senate President District:	Prir	nary	General ecify) ▼			2010 Contribution
	Full Name (Last, First, Middle Initial) Green Mountain PAC						Transaction ID: 18553444 Date of Disbursement
	Mailing Address PO Box 1142						$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix}$
	City Montpelier	State VT)	Zip Code 05601			Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Contribution				C)11	1000.00
	2010 Contribution						
	Candidate Name Green Mountain PAC					egory/ ype	
	Candidate Name Green Mountain PAC Office Sought: House Senate President		nary	General ecify) ▼			2010 Contribution
	Candidate Name Green Mountain PAC Office Sought: House Senate	Prir	nary				Transaction ID: 18553451 Date of Disbursement
	Candidate Name Green Mountain PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Oth	nary				Transaction ID: 18553451
	Candidate Name Green Mountain PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz	Oth	mary er (spe				Transaction ID: 18553451 Date of Disbursement M M M
	Candidate Name Green Mountain PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz Mailing Address 315 Westfield City Alpine Purpose of Disbursement Contribution	Oth Oth State	mary er (spe	ecify) ▼ Zip Code	Т)11	Transaction ID: 18553451 Date of Disbursement Max Date Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name Green Mountain PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz Mailing Address 315 Westfield City Alpine Purpose of Disbursement Contribution Candidate Name Rep. Jason Chaffetz	Circle State UT	mary er (spe	Zip Code 84004	C	уре	Transaction ID: 18553451 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name Green Mountain PAC Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz Mailing Address 315 Westfield City Alpine Purpose of Disbursement Contribution Candidate Name	Circle State UT Disbursemen Prir	t For:	ecify) ▼ Zip Code	C	011 egory/	Transaction ID: 18553451 Date of Disbursement M M M

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			FOR LIN		-	R:		Р	AGE	102	/ 10	6
ITEMIZED DISBURSEMENTS		category of the Summary Page		F	21b 27		22 28a	X	23 28b	24 280		25 29	F	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar													s	
NAME OF COMMITTEE (In Full) American Hospital Association PAC	ne and addres	ss of any political	COIII		intee to s	SOIIC	it Conti	ibuti	OHS III	JIII SUCII	COIII	milee		
Full Name (Last, First, Middle Initial) Butterfield For Congress Mailing Address PO Box 2571							Date o		on ID:			201	າ ^Υ	
City Wilson	State NC	Zip Code 27894					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od
Purpose of Disbursement Contribution Candidate Name				_	11		L.	-			30	0.00))	
Rep. George K. Butterfield					egory/ ype									
Office Sought: X House Disburs Senate President State: NC District: 01	Primary Other (spe	2010 X General cify) ▼					Contri	ibut	ion					
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	1855	3470			
Larry Kissell For Congress							Date o	of Di	sburse	ement				
Mailing Address PO Box 1530							0 ^M 8	М .	^D 2	^D 4	Y	0 1	o ^Y	
City Biscoe	State NC	Zip Code 27209					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od
Purpose of Disbursement Contribution				0	11			0			5	0.00	Ò	
Candidate Name Rep. Larry Kissell					egory/ ype									
Office Sought: X House Senate President State: NC District: 08	Primary Other (spe	2010 X General cify) ▼					Contri	ibut	ion					
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	1855	3480)		
Larry Kissell For Congress							Date o	of Di	sburse	ement				
Mailing Address PO Box 1530							0 [™] 8	М .	^D 2	4 /	[*] 2	0 1	ָר כ	
City Biscoe	State NC	Zip Code 27209					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od
Purpose of Disbursement Contribution				0	11			_			5	0.00	Ď	
Candidate Name Rep. Larry Kissell					egory/ ype									
Office Sought: X House Disburs Senate President State: NC District: 08	Primary Other (spe	2010 X General cify) ▼					Contri	ibut	ion					
SUBTOTAL of Disbursements This Page (optional))				•					, ,	40	00.00)	
ODDIVIAL OF DISDUISCHIEFILS THIS FAGE (OPLIONAL)	,			• • • •										_

TOTAL This Period (last page this line number only)

		(FEC Form 3	· 1	Use sepa	arate schedule(s)		_		NUMBE	R:	Р	AGE 10	03 / 1	06
IT	EMIZED DIS	BURSEMENT	S	for each	category of the Summary Page		$\dot{\square}$	eck only	22	X 23	24			
Δn	v Information coniec	from such Reports a	nd Stateme	ante may no	ot he sold or user	d by s	ᆫ	27	28a	28b	280		_	
		oses, other than using												
\setminus	NAME OF COMM	ITTEE (In Full)												
/	American Hospi	tal Association PA	С											
	Full Name (Last, F Congressional 7									action II	D: 1855	3489		
									M			y y o	YYY	1
	Mailing Address	228 South Wash Suite 115	ington St	treet					0 8		24	20	1 0	_
	City Alexandria			State VA	Zip Code 22314				Amou	nt of Eac	h Disburs	ement th	is Pe	rioc
	Purpose of Disburs	sement					v					15000	.00	Ì
	2010 Contribution						011							
	Candidate Name						atego Type	•						
	Office Sought:	House	Disburser						2010	Contrib	ıtion			
		Senate President		Primary Other (spe	General				_0.0					
	State:	District:		Other (spe	Gily) \									
	Full Name (Last, F	,							Trans	action II	D: 1856	3809		_
	Meeks For Cong	gress								of Disbur				
	Mailing Address	153-01 Jamaica Suite 535	Avenue						0 ^M 8	M / D	31 /	Ž 0	1 0 °	
	City Jamaica			State VY	Zip Code 11432				Amou	nt of Eac	h Disburs	ement th	is Pe	rio
	Purpose of Disburs Void of 7/19/2010						011					-1000	.00	_
	Candidate Name Rep. Gregory W	/. Meeks				Ca	atego Type							
	Office Sought:	χ House	Disburser		2010				Void (of 7/19/2	2010 Co	ntrib-		
		Senate President	X	Primary Other (spe	General				ution					
	State: NY	District: 06		Other (ope	,ony) ▼									
	Full Name (Last, F	irst, Middle Initial) For U.S. Senate) : 1856	4697		
		Tor 0.3. Seriale								of Disbur		Y Y	Y Y	1
	Mailing Address	PO Box 100847							0 8		03	20	1 0 °	_
	City Anchorage			State AK	Zip Code 99510				Amou	nt of Eac	h Disburs	ement th	is Pe	rio
	Purpose of Disburs	sement		· u v	33310							1000	.00	
	Contribution						Q11							
	Candidate Name Sen. Lisa Murko	owski					atego Type	-						
	Office Sought:	House	Disburser	ment For:	2010	<u> </u>	-, -		Contr	bution				
		χ Senate		Primary	X General				COILL	DULIUII				
	State: AK	President District:		Other (spe	есігу) 🔻									
_										•	•	15000.	00	=
S	UBIOTAL of Disbu	rsements This Page (optional)									15000.	.50	<u></u>
Т	OTAL This Period	last page this line nun	nber only) .					•			1	48450.	.00	

A.

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:	PAGE 104 / 106
ITEMIZED DISBURSEMENTS	I lea canarata echadula(e)	(check only one) 21b 22 23 27 X 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)		Transaction II	D: 18509409
Mr Paul Osborne		Date of Disbur	sement
Mailing Address 316 South Coconut Pa	m Boulevard	0 8	17 2010
City	State Zip Code	Amount of Eac	h Disbursement this Period
Tavernier	FL 33070-2251		• • • • • • •
Purpose of Disbursement			350.00
Refund		010	
Candidate Name		tegory/	
		ype	
	sement For:	Refund	
Senate	Primary General		
President	Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	350.00
TOTAL This Period (last page this line number only)	•	350.00

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				OR LIN		AGE	105					
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	22 28a	П	23 28b	24 280	F	25 29	$\mathbf{\square}$	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												5	
NAME OF COMMITTEE (In Full) American Hospital Association PAC													
Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001						Date		sburse	1856 ement 2		7 Ž 0 Ĭ () ^Y	
City Chicago	State IL	Zip Code 60679				Amou	nt o	f Each	Disburs	eme	nt this	Period	_
Purpose of Disbursement Merchant Fees Candidate Name Office Sought: House Disburse	ement For:		Ca		01 gory/ pe			•			4.95	5	
Senate President State: District: Full Name (Last, First, Middle Initial)	Primary Other (spe	General ecify) ▼				Merch							
American Express Mailing Address Ste. 001						Date		sburse	1856 ement 5		ò 2 0 1 () ^Y	
City Chicago	State IL	Zip Code 60679				Amou	nt o	f Each	Disburs	eme	nt this I	Period	_
Purpose of Disbursement Merchant Fees Candidate Name			Ca		D1 gory/						11.38	3	
Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General cify) ▼			-	Merch	nant	Fees	;				
Full Name (Last, First, Middle Initial) Merchant Bankcard								on ID:	1856 ement	142	1		
Mailing Address 1601 Elm Street						0 ^M 8	М	0	^D /	Y	ž 0 Ť () ^Y	
Dallas	State TX	Zip Code 75201				Amou	nt o	f Each	Disburs	eme	nt this 1		7
Purpose of Disbursement Merchant Fees Candidate Name			Ca		gory/		•		•		07.40	,	
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼				Merch	ant	Fees	;				
SUBTOTAL of Disbursements This Page (optional)					•		-			1	03.73	3	

TOTAL This Period (last page this line number only)

A.

В.

President

District:

ago# 10001102010			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NU	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only or X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,		
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 18561520
Paymentech			Date of Disbursement
Mailing Address 14221 Dallas Parkway Building Two			08 0 4 7 2 0 1 0
City Dallas	State Zip Code TX 75254		Amount of Each Disbursement this Period
Purpose of Disbursement	75254		72.95
Merchant Fees		001	
Candidate Name	С	ategory/ Type	
Office Sought: Senate President State: Disburse Disburse	ement For: Primary General Other (specify)	ı	Merchant Fees
Full Name (Last, First, Middle Initial)			Transaction ID: 18561617
Citibank, F.S.B.			Date of Disbursement
Mailing Address 1400 G Street, NW			08 18 7 2010
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fee		001	23.12
Candidate Name	C	ategory/ Type	
Office Sought: House Disburse Senate	ement For: Primary General	E	Bank Fee

SUBTOTAL of Disbursements This Page (optional)		96.07
TOTAL This Period (last page this line number only)	•	199.80

Other (specify)

State: